

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City Mo (No. Lakeside Hospital)

Registration District No. 399  
Primary Registration District No. 1002

19703

File No. \_\_\_\_\_  
Registered No. 27164  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** RYDBERG, Eleanor

(a) Residence. No. 4310 East 25th St. 14 Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_ (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10, 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
19 9 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. None. (at home) 13  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

10. NAME OF FATHER Charles Rydberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sweden

12. MAIDEN NAME OF MOTHER Hilda Lauders

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sweden

14. INFORMANT Mrs. Chas. Rydberg (Mother) (Address) (above)

15. FILED 6/30 30 M. M. Cronin REGISTRAR axr

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1930

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1930, to June 28, 1930.  
That I last saw him alive on June 28, 1930, and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pelvic abscess - Double Pyosalpinx  
33A (duration) yrs. mos. ds. 21

CONTRIBUTORY (SECONDARY) Surgical shock  
(duration) yrs. mos. ds. 9 hrs

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 28/30

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory incision  
(Signed) George J. Conley, M. D.

629 19 30 (Address) 810 Chambers Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Memorial Park Cemetery July 1 1930

20. UNDERTAKER (ADDRESS)

Melody M. Gulley Home Kansas City

Infection Not Specific

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Hydres