

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

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 classification of OCCUPATION is very important.

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

2087

1. PLACE OF DEATH

County Manassas
Township Manassas
City Hannibal, Mo. (No.)

Registration District No. 547
Primary Registration District No. 3029

File No.
Registered No. 27
St. 6th Ward

2. FULL NAME

Ether Almqvist
(a) Residence No. 303 N. 4th St. 2nd Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Apel E. Almqvist

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 6 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Livingston
(STATE OR COUNTRY) N. Jersey

10. NAME OF FATHER Johanna Almqvist

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

12. MAIDEN NAME OF MOTHER Emma Carlson

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

14. INFORMANT Apel Almqvist
(Address) Hannibal, Mo.

15. FILED Jan 27 1931 - C. J. ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Sep 1930, to Jan 22 1931
that I last saw him alive on Jan 22 1931, and that death occurred, on the date stated above, at 2:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza Suppression
of uric acid
12.21 (duration) yrs. mos. 2 ds.
CONTRIBUTORY Influenza, Gall Bladder
(SECONDARY) operation (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF Jan 19 1931

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS General symptoms
(Signed) A. K. P. ... M. D.
. 19 (Address) Hannibal, Mo.

*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 Mt. Olivet Cem. DATE OF BURIAL Jan 23 1931

20. UNDERTAKER Roy P. Schwartz ADDRESS Hannibal, Mo.

