

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

Do not use this space.

10173

**1. PLACE OF DEATH**

County Jackson Registration District No. 389  
 Township Quinn Primary Registration District No. 1002  
 City Jackson City (No. Research Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Eleanor C. Dahlberg  
 (a) Residence. No. Benedict St. 1 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ancker Dahlberg</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 15, 1859</u>				
7. AGE YEARS <u>72</u>	MONTHS <u>2</u>	DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (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) <u>Sweden 24</u>				
PARENTS	10. NAME OF FATHER <u>Not Known</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>			
	12. MAIDEN NAME OF MOTHER <u>Not Known</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>			

**MEDICAL CERTIFICATE OF DEATH**

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 26 1931

17. I HEREBY CERTIFY, That I attended deceased from alt. Feb. 10, 1929, to Mar 26, 1931, that I last saw her alive on Mar 26, 1931, and that death occurred, on the date stated above, at 12:30 p.m.

59 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
121  
194B  
Perianth occlusion (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. sudden  
 CONTRIBUTORY (SECONDARY) Hypertensive - thro parenchymatous nephritis - diabetes (duration) 7 yrs. 3 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? renal findings  
 (Signed) J. S. Smedley, M. D.  
3-26-1931 (Address) 826 1/2 Argyle Bldg.

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

14. INFORMANT Mrs. Esther D. Chealey  
 (Address) 611 E. 28th St. G. Her

15. FILED 3-26-31 M. M. Crowe  
Arson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Benedict Ill. DATE OF BURIAL 3-26-1931

20. UNDERTAKER J. W. Wagner Funeral Home ADDRESS None

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 statement of OCCUPATION is very important.

Dr. Subyachar

Chennai