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.

SEP 22 1931

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

Do not use this space.

28063

1. PLACE OF DEATH
County Greene — Registration District No. 722
Township Jackson — Primary Registration District No. 5449A
City Strafford (No. R#2, St. Ward)

File No.
Registered No.

2. FULL NAME Oscar L. Lundin
(a) Residence, No. Strafford Mo. R#2 St., 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~~ May Lundin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1860
7. AGE YEARS 71 MONTHS 7 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER
13. NAME Oliver Lundin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) W. V. Lundin Strafford, Mo. Iowa
18. BURIAL, CREMATION, OR REMOVAL ~~for~~ PLACE Marshalstown DATE Aug 14 1931
19. UNDERTAKER (ADDRESS) J. W. Klingney Springfield Mo.
20. FILED Aug 27 1931 Mrs Guest Trap Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 11 - 1931
22. I HEREBY CERTIFY, That I attended deceased from 7 - 19 - 1931, to 8 - 1 - 1931
I last saw him alive on 8 - 1 - 1931 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:
Ulcer of pylorus. Date of onset
117F
117A
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. A. H. Williams, M. D.
(Address) Fordland, Mo.