

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

Do not use this space.

**31363**

**1. PLACE OF DEATH**

County Jackson Registration District No. 305  
 Township Law Primary Registration District No. 1002  
 City Kansas City (No. 6116, Walton) St. 3860 (Ward)

**2. FULL NAME**

Mrs. Matilda Palmgren  
 (a) Residence, No. 6116 Walton St., W Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 33 yrs. mos. 10 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife) <u>Juleis Palmgren</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 14 1880</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>9</u>
	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Sweden</u>		
FATHER	13. NAME <u>Gustaf Gustafson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
17. INFORMANT (ADDRESS) <u>Mr. Juleis Palmgren</u> <u>6116 Walton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Moriah</u> DATE <u>Sept 19 1931</u>		
19. UNDERTAKER (ADDRESS) <u>D. H. Newcomb, Sons</u> <u>711 East 9th St.</u>		
20. FILED <u>9/18 1931</u> <u>M. M. Crowe</u> <u>Act. Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1931

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to Sept 17, 1931.  
 I last saw him alive on Sept 17, 1931. Death is said to have occurred on the date stated above, at 6:00 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of left right breast Date of onset 50  
50  
 Other contributory causes of importance:

Name of operation Excision of breast Date of May  
 What test confirmed diagnosis Histology Was there an autopsy No

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) H. A. Brunsford, M. D.  
 (Address) 718 Medical Bldg

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.

THIS IS A PERMANENT RECORD

818 ~~Medical Bldg. Bldg.~~ Va 2222

~~12:30 - 5 (8th)~~

1225 N. 60<sup>th</sup> St. Serv.

11:30 - 1:30