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.

NOV 24 193

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

Do not use this space.

34294

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No.

Township Blue — Primary Registration District No. 3019 — Registered No. 336

City Independence (No. , St. Ward)

2. FULL NAME John Asplund

(a) Residence, No. 711 West Waldo St., 1 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara Asplund

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 29 - 1844

7. AGE: YEARS 87 — MONTHS 0 — 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.: Cabinet Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
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): Lindes Socken Neike Sweden

FATHER

13. NAME: Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER

15. MAIDEN NAME: Maria Louise Asplund
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Frank Kracker Independence Mo

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
PLACE Jacksonville Illinois DATE Oct 10 1931

19. UNDERTAKER (ADDRESS): Ott & Mitchell Independence Missouri

20. FILED 10-10, 1931 — F L Cook, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10 - 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from 1927, 19..., to ..., 19...

I last saw him alive on 10 - 8, 1931. Death is said to have occurred on the date stated above, at 5 AM. 10-9-31

The principal cause of death and related causes of importance were as follows:

Mixed Carditis.
Arterial Carditis

Date of onset

Other contributory causes of importance: Cancer

930

Name of operation — Date of —

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) H A Schroeder, M. D.

(Address) Indep Mo