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.

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

Do not use this space.

34571

File No. 4230

Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 3 8 9
Township Kaw — Primary Registration District No. 3 6 0 8
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Minnie Ahlberg
(a) Residence, No. 3425 Indiana St., 14 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 Fe.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Axel T. Ahlberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29-1884

7. AGE — YEARS 47 — MONTHS 3 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home.
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) Clay Center Kansas

FATHER
13. NAME Hans Berglund
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

MOTHER
15. MAIDEN NAME Anna Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

17. INFORMANT (ADDRESS) Condon Ahlberg 3425 Indiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clay Center Kas DATE Oct 24 1931

19. UNDERTAKER (ADDRESS) Eylar Funeral Home K. C. Mo.

20. FILED 10/23 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

3 Thurs.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr, 1931, to Oct 21, 1931
I last saw alive on Oct 21, 1931. Death is said to have occurred on the date stated above, at 2 25/9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
2 yrs ago	
General carcinomatosis	
Primary left breast	

Other contributory causes of importance: 50 52 E

50

Name of operation Removal breast Date of May 27
What test confirmed diagnosis? Was there an autopsy? Yes

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) Walter Holbrook M. D.
(Address) 1132 Professional K C Mo

Wa 32 30