

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

Do not use this space.

✓ 3255
File No. 1029
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. 4402 McPherson)

2. FULL NAME

Matilda Josephine Netsell
(a) Residence, No. Stromburg - Nebraska (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yr. mos. ds. 19 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Olof Netsell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 1845
7. AGE YEARS 86 MONTHS 10 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) Sweden 24

FATHER 13. NAME Unknown Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Edward A. Hatfield
4402 McPherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Stromburg Neb DATE Feb 27 - 1932

19. UNDERTAKER (ADDRESS) C. P. Ruyton & Sons
4449 Olive St.

20. FILED _____ 19 Mar 2 St. Louis Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1932
22. I HEREBY CERTIFY That I attended deceased from Dec 1 1931 to Jan 30 1932
I last saw h/w alive on Jan 30 1932 Death is said to have occurred on the date stated above, at 10:15 pm
The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset 12 days
(M.C.)
Chronic Myocarditis chronic
Chronic arteriosclerosis chronic
Other contributory causes of importance: Chronic Myocarditis chronic

Name of operation None 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? No
If so, specify _____
(Signed) Walter Baumgartner, M. D.
(Address) 3720 Washington Ave.

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.

St. Lukes at 10 a M