

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.

4718

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. _____)

Registration District No. 399
Primary Registration District No. 1002
3945 Kenwood

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME John E. Lund

(a) Residence, No. 3945 Kenwood St. 6 Ward _____
(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? 40 yrs. mos. ds. (If nonresident, give city or town and State)

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 Mrs. Hedda Lund
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 236
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

13. NAME No record

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

15. MAIDEN NAME No record

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

17. INFORMANT (ADDRESS) Mrs. Hedda Lund, 3945 Kenwood, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 13-1932

19. UNDERTAKER (ADDRESS) Gates Funeral Home, Kansas City - Kansas.

20. FILED 2/12 3:20 P.M. 1932
W. J. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11th - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Feb 11 1932
I last saw him alive on Feb 11 1932 Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Myocarditis chronic
Angina Pectoris
Date of onset 1931

Other contributory causes of importance:

mitral insufficiency

Name of operation None 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 _____, 1932

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? Yes
If so, specify _____

(Signed) W. J. Crowe, M. D.

(Address) 77 E. Broadway St.

1816
P. ...
...
...