

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

Do not use this space.

13225

64  
18

1. PLACE OF DEATH  
 County Marion Registration District No. 547  
 Township Marion Primary Registration District No. 3579  
 City Hannibal No. St. Elizabeth Hosp. St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Christinia Lindberg  
 (a) Residence, No. 2512 Broadway St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 6 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2. MEDICAL CERTIFICATE OF DEATH**

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 Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 11

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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3<sup>rd</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1932, to April 3, 1932  
 I last saw her alive on April 3, 1932 Death is said to have occurred on the date stated above, at 6:20 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Pneumonia Date of onset About 3-27-32

108  
162 / 108

Other contributory causes of importance:  
Senility (D)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 24

MOTHER FATHER

13. NAME John Johnston

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

15. MAIDEN NAME Marie Johnstone

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

17. INFORMANT Mr. Hellyery Hardisty  
 (ADDRESS) Monroe City, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Monroe City, Mo. DATE April 6 1932

19. UNDERTAKER Milton T. Don  
 (ADDRESS) Monroe City, Mo.

20. FILED Apr 11 1932 6 E. Evans  
Deputy Registrar.

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) J. C. Bullard, M. D.  
 (Address) 500 Broadway  
Hannibal, Mo.

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.

MAY 26 1932

