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.

JUN 22 1932

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

Do not use this space.

Dr. C.X. Allen

16011

File No.

Registered No. 185

1. PLACE OF DEATH

1/8 County Jackson

5 Township Blue

8 City Independence. (No. , St. Ward)

Registration District No. 398

Primary Registration District No. 3019

2. FULL NAME John R. Lund

(a) Residence, No. 1511 West Walnut St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Hilma Lund

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 314

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oland Sweden. 211

FATHER

13. NAME Andrew Lund.

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

MOTHER

15. MAIDEN NAME Mary Anderson

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

17. INFORMANT (ADDRESS) Roy Lund 1511 West Walnut St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE May 31, 1932

19. UNDERTAKER (ADDRESS) Carson Funeral Home Independence, Missouri.

20. FILED May 31, 1932 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1932, to , 19

I last saw him alive on May 30 —, 1932. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Mitral Insufficiency
Auricular Fibrillation
Cor pulmonale
9.2.0
9.3.0
9.3.4

Other contributory causes of importance:

Chronic arthritis D

Date of onset

Name of operation 9.2.0 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 , 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) C. X. Allen, M. D.

(Address) Independence Mo