

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

Do not use this space.

19254

1. PLACE OF DEATH

39 County Greene Registration District No. 318 File No. _____
 3 Township _____ Primary Registration District No. _____ Registered No. 456
 5 City Springfield (No. Springfield Baptist Hospital) (Ward) _____

2. FULL NAME

(a) Residence, No. 2029 N. Campbell Street, Springfield 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 18 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 9 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Price Clerk 253
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office work Harry Cooper Sup- ply Co.
 10. Date deceased last worked at this occupation (month and year) _____ (Total time (years) spent in this occupation) _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

FATHER 13. NAME Herman Lindquist

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

MOTHER 15. MAIDEN NAME Alice Bennett

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

17. INFORMANT (ADDRESS) Charles Lindquist Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park Cemetery DATE July 1, 1932

19. UNDERTAKER (ADDRESS) W. H. King, Jr. & Co., Inc. Springfield, Mo.

20. FILED 6-30-32 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 19 32

22. I HEREBY CERTIFY, That I attended deceased from June 27, 19 32 to June 28, 19 32

I last saw h. or alive on June 28, 19 32 Death is said to have occurred on the date stated above, at 11.45 P.M.

The principal cause of death and related causes of importance were as follows:
Agranulocytic Angina Date of onset Jun 25, 1932

Other contributory causes of importance: 115A 115A

Name of operation Blood transfusion Date of Jun 28, 32

What test confirmed diagnosis? Blood exam 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) Carlie Souler Smith, M. D.
 (Address) 214 N. Jefferson Ave. Springfield, 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.

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