

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 8 3 1932

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

Do not use this space.

26522

1. PLACE OF DEATH
 49 County Jasper Registration District No. F. 11
 Townships _____ Primary Registration District No. 2002
 7 City Joplin (No. _____) St. _____ Ward _____
 5
2. FULL NAME Christina Inara Engstrom
 (a) Residence, No. 124 W. Moffet St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred _____ mos. _____ ds. 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) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1849
 7. AGE YEARS 83 MONTHS 5 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No work returned
 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
 FATHER 13. NAME Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden
 MOTHER 15. MAIDEN NAME Mary Blumquist
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden
 17. INFORMANT (ADDRESS) John H. Carraban
 18. BURIAL, CREMATION, OR REMOVAL PLACE Little Rock, Ark. DATE Aug 30, 1932
 19. UNDERTAKER (ADDRESS) Frank - Joplin
 20. FILED 8/29 1932 Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 8-28-32, 19____
 I last saw her alive on 8-28, 1932 Death is said to have occurred on the date stated above, at 12:04 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Hypertension
 Other contributory causes of importance: _____
 Name of operation _____ 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) Mary K. Mack M. D.
 (Address) Strice Bldg, Joplin, Mo.

