

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

Do not use this space.

2772

**1. PLACE OF DEATH**

County Linn  
Township Linn  
City Linn (No. 1)

Registration District No. 716  
Primary Registration District No. 5943

File No. 3  
Registered No. 3  
St. 3 Ward 3

**2. FULL NAME**

(a) Residence, No. Linn St. 3 Ward 3  
(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? 47 yrs. 0 mos. 0 ds.

**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 (OR) WIFE OF Loetta Carlstrom  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1881  
7. AGE YEARS 65 MONTHS 8 DAYS 10 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On farm  
10. Date deceased last worked at this occupation (month and year) June 15 1932 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn

FATHER 13. NAME John

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

MOTHER 15. MAIDEN NAME Loetta

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

17. INFORMANT (ADDRESS) John Linn

18. BURIAL, CREMATION, OR REMOVAL PLACE Loetta Linn DATE Jan 29 1933

19. UNDERTAKER (ADDRESS) Loetta Linn

20. FILED Jan 28 1933 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1933

22. I HEREBY CERTIFY, That I attended deceased from January 27 1933 to January 28 1933

I last saw him alive on Jan 27 1933 Death is said to have occurred on the date stated above, at 1:00 A.M.

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

Pulmonary Edema Date of onset Jan 17 1933

III B III B

Other contributory causes of importance: unknown

Name of operation ✓ 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 1933

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) W. H. Bell, M. D.

(Address) Loetta Linn

