

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

Do not use this space.

1. PLACE OF DEATH

County St. Genevieve
Township St. Genevieve
City..... (No.....)

Registration District No. 780
Primary Registration District No. 6025

File No. 17623
Registered No. 27
St. Ward)

2. FULL NAME

Sophia Marie Lindell

(a) Residence, No. St., Ward.

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 yrs. 3 mos. 5 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry L. Lindell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1st 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 3 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Paris aux Vases Missouri

13. NAME Frank D. Koestler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris aux Vases Missouri

15. MAIDEN NAME Helena Scherger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

17. INFORMANT (ADDRESS) Henry L. Lindell
Paris aux Vases Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris aux Vases DATE May 9th 1933

19. UNDERTAKER (ADDRESS) Leo C. Bester
St. Genevieve Mo.

20. FILED June 7, 1933 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 - 1933

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

I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at 9/0 m.

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

Violent rupture of aorta

Other contributory causes of importance: 8219 J. J. W.

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....., 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) Walter J. Stanton Registrar
(Address) St. Genevieve Mo.

May 7 - 33

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 23 1933

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OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS
AUGUST 1, 1900

TO THE HONORABLE THE COMMISSIONERS OF THE GENERAL LAND OFFICE
AT DALLAS, TEXAS

SIR:

I have the honor to acknowledge the receipt of your letter of the 27th inst. in relation to the above and in reply to inform you that the same has been referred to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours truly,
J. W. WALKER,
Attorney General.

RECORDED
INDEXED