

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

Do not use this space.
30163

1. PLACE OF DEATH

8 County Linn Registration District No. 496 File No. _____
 Township Brookfield Primary Registration District No. 3025 Registered No. 70
 City Brookfield (No. 506) West Ave St. _____ Ward 2
2. FULL NAME Jimmie Pile Lundgren
 (a) Residence, No. _____ St. _____ Ward Chicago, Ill
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22 1933</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		DAYS <u>24</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.	<u>Infant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>—</u>
	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)	<u>Chicago, Ill</u>	
FATHER	13. NAME	<u>Mr. A. Lundgren</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mont.</u>
MOTHER	15. MAIDEN NAME	<u>Ancher Ralls</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Asgood, Mo</u>
17. INFORMANT (ADDRESS)	<u>Chester G. Hardy, Keokuk, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Freestone, Mo</u>	DATE <u>Sept 16 1933</u>
19. UNDERTAKER (ADDRESS)	<u>Charles D. Gibson, Keokuk, Mo</u>	
20. FILED <u>9-16 1933</u>	<u>(H.D.) E. Jackson Registrar</u>	

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1933 to Sept 16 1933
 I last saw him alive on Sept 16 1933. Death is said to have occurred on the date stated above, at 7:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Intia cranial Hemorrhage and rupture of chest (Date of onset Sept 16)

Other contributory causes of importance:
210M 820A 210 217

Name of operation 123B Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Sept 6 1933
 Where did injury occur? Wiz. Inside Mo. June 16
 (Specify city, or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public Highway

Manner of injury Automobile accident
 Nature of injury Fracture of skull & chest

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. Lane Evans M. D.
 (Address) Brookfield, Mo

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.

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