

FEB 27 1934

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

Do not use this space.

39007-A

1. PLACE OF DEATH

County Adair
Township Pack
City Kirkville (No. _____)

Registration District No. 804
Primary Registration District No. 5-8-03
5-8-03

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Kirkville R.F.D. St. 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. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-11-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
85 5 14

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Home 758

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 112

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

13. NAME Johnson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. Fred Lindquist
(ADDRESS) Kirkville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Refuge DATE 12-28 1933

19. UNDERTAKER Mr. DeWiley
(ADDRESS) Kirkville Mo

20. FILED Dec 27 1933 Mr. O. Farrington
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931, to Dec 25 1933
I last saw her alive on Dec 25 1933. Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Hypertrophy and dilatation of the heart
Age & impingement of heart

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? No

If so, specify _____

(Signed) M. F. Kennedy, M. D.

(Address) Kirkville Mo

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2

