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 26 1934

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

Do not use this space.

17829

1. PLACE OF DEATH

91 County Ripley — Registration District No. 750 — File No. 12

Township Doniphan — Primary Registration District No. 5985 — Registered No. 1244

City Doniphan (No. ..... St. ..... Ward)

2. FULL NAME Carolina Willhelmien Lind (nee Anderson)

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: White Swedish
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John D. Lind

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10th 1858

7. AGE: YEARS 75 — MONTHS 11 — DAYS ~~30~~ 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Sweden

FATHER

13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER

15. MAIDEN NAME: "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): John D. Lind Doniphan Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fowles Cem DATE 5-12-34

19. UNDERTAKER (ADDRESS): Jnda

20. FILED 5, 13, 1934 E B Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to May 11, 1934

I last saw her alive on May 8, 1934 Death is said to have occurred on the date stated above, at 7 a m.

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

Date of onset

Cases of Uterus
49
97

Other contributory causes of importance:

Arteriosclerosis

Name of operation: none Date of

What test confirmed diagnosis? clinical 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) J. E. Williams, M. D.

(Address) Doniphan Mo