

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

Do not use this space.

20589

1. PLACE OF DEATH

County Jackson
Township Rau
City W. C. Mo.

Registration District No. 399

Primary Registration District No. 1001
(No. Trinity Lutheran Hosp)

File No. 6100

Registered No. 6100

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2914 E 30 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

MEDICAL CERTIFICATE OF DEATH

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 Godfrey Larson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 5 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

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) Missouri

13. NAME Rev. A. H. Lindquist

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

15. MAIDEN NAME Daisy Logon

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

17. INFORMANT Godfrey Larson
(ADDRESS) 2914 E 30

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 23, 1934

19. UNDERTAKER A. O. Doehler
(ADDRESS) 1415 E 15

20. FILED 722 1934 M. M. Brown
Asst Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1934

22. I HEREBY CERTIFY That I attended deceased from June 7, 1934 to June 20, 1934
I last saw her alive on June 18, 1934. Death is said to have occurred on the date stated above, at 5 P. m.

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

pulmonary embolism
1476 / 148
Other contributory causes of importance:
Had baby 14 days old

Name of operation _____ Date of _____
What test confirmed diagnosis? Stapho Was there an autopsy? l

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) M. A. Hanna M. D.
(Address) 909 Professional Bldg

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.

Jul 17 1934

WRITE PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

Hawaii

Puuhonua

1892

Money 439.3