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.

DEC 18 1934

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

Do not use this space.

39441

1. PLACE OF DEATH
County: Jackson — Registration District No.: 209 — File No.:
Township: Kansas — Primary Registration District No.: 1008 — Registered No.:
City: Kansas City (No.: General Hospital St.: 4352 Ward)

2. FULL NAME: Alex Rydhom

(a) Residence, No.: 4420 Jarboe St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~: Clara Rydhom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: Years: about 95 — Months: — Days: — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown
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): unknown

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

17. INFORMANT (ADDRESS): Record Clerk, K.C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove Cemetery DATE: 11/13, 1934

19. UNDERTAKER (ADDRESS): Peter B. Habetinger, 2816 Campbell, K.C. Mo.

20. FILED: 11-13, 1934 M. M. Croyle asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 11-7-, 1934, to 11-11-, 1934
I last saw him alive on 11-11-, 1934. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Prostate | |
| 51 C 10 P 16 W | |
| Other contributory causes of importance: Bronchopneumonia | |
| Senility | |

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? Yes

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): J. H. Gerard, M. D.
(Address): Capt. Geo. Hogg