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.

FEB 19 1935

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

Do not use this space.

File No. 1297

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 1002

City: Kansas City, Mo. (No. 2228 Lister St. Ward)

2. FULL NAME: John August Bengtson

(a) Residence, No. 2228 Lister 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: 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: Margaret Bengtson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-28-1854

7. AGE: Years 80 — Months 1 — Days 14 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Sweeden

FATHER

13. NAME: No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

MOTHER

15. MAIDEN NAME: No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

17. INFORMANT: Miss Josephine Swanson
(ADDRESS) 2228 Lister

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood Cem. DATE: 1-14- 1935

19. UNDERTAKER: Mrs. C. L. Forster
(ADDRESS) Kansas City, Mo.

20. FILED: Jan 13, 1935 M. M. Crowe Asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-12-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-25-, 1934, to 1-12-, 1935. I last saw him alive on 1-11-, 1935. Death is said to have occurred on the date stated above, at 1/35 A.M.

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

	Date of onset
Myocarditis (Chronic)	3 mo

Other contributory causes of importance: Chronic Nephritis 1 year

Name of operation: Date of:

What test confirmed diagnosis? Autopsy? No

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) Tom Dawson, M. D.

(Address) 1701 Jackson

Dr. Tom Sawyer
1701 Jackson Ave.
Be 2030

Call again this Pm Late