

SEP 26 1935

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

Do not use this space.

28556

1. PLACE OF DEATH

County NorthRegistration District No. 6212Township BlanchardPrimary Registration District No. 6212City Grant City (No. 1)St. Mo. Ward 1

2. FULL NAME

Charles E. Edlund(a) Residence, No. 1St. 1Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds.How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Mrs. Edlund

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

June 9, 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 0 hrs. 0 min.56211

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

Dry 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)

1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Starkham, Wis.

13. NAME

Andrew Edlund

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

Sweden

15. MAIDEN NAME

Charlotte Engstrom

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

Sweden

17. INFORMANT (ADDRESS)

Mrs. Edlund

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Grant City, Mo.

DATE

8/22, 1935

19. UNDERTAKER (ADDRESS)

Frank C. Dime

20. FILED

9-91935Frank M. M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 193522. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1931 to Aug 20, 1935I last saw him alive on Aug 20, 1935 Death is saidto have occurred on the date stated above, at 9:00 P.M.

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

Purulent Brain AbscessMalignancy

Date of onset

1931

Other contributory causes of importance:

Name of operation Brain Operation Date of 1932What test confirmed diagnosis? Pathological Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 1931Where 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? NoIf so, specify 8. Phos

(Signed)

Grant City, Mo. M. D.

(Address)

