

28 1936

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

Do not use this space.

39543

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township RAW Primary Registration District No. 1002
City KANSAS CITY (No. K.C. GENERAL HOSPITAL St. _____ Ward _____)
Registered No. 3808

2. FULL NAME

Mrs Ida Swann Soderstrum
(a) Residence, No. 3808 INDIANA 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 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 WILLIAM SODERSTRUM
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 2 - 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 5 4
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
13. NAME PETER SWANN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN
15. MAIDEN NAME JOHANAH UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN
17. INFORMANT MR. WILLIAM SODERSTRUM (ADDRESS) 3808 INDIANA AVE.
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE DECEMBER 9 1935
19. UNDERTAKER DW. NEWCOMERS SONS (ADDRESS) 2111 EAST 9TH ST
20. FILED Dec 9 1935 M. M. Cerove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6/35 19____
22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Automobile transportation
Crushing injury of the chest
Other contributory causes of importance:
Myocardium
Name of operation _____ Date of operation _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury 12/6/35
Where did injury occur? 25th and N. 1st (Specify city or town, county, and State)
Specify whether injury occurred in industry, at home, or in public place.
Manner of injury Struck by motor car
Nature of injury _____
24. Was disease or injury if any, was related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature], M. D.
(Address) [Signature]

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.

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