JUL 16 1936

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

1. PLACE OF DEATH.
County Ballinger
Township Union
City
Registration District No. 68
Primary Registration District No. 4103
File No. 18514
Registered No.
(No. St. Ward)

2. FULL NAME Margaret Frances Loberg
(a) Residence. No. Patton Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 11 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: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H. G. Loberg
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch. 12 1875
7. AGE: 61 YEARS — MONTHS: 2 — DAYS: 8 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ballinger Co Mo
PARENTS
10. NAME OF FATHER: W D Grindstaff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ballinger Co Mo
12. MAIDEN NAME OF MOTHER: Elizabeth Statler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ballinger Co Mo
14. INFORMANT: H. G. Loberg
(Address): Patton Mo
15. FILED 4/9 1936 Bertha Watson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 8 1936
17. I HEREBY CERTIFY, That I attended deceased from Mch 8, 1936, to May 8, 1936, that I last saw her alive on May 7, 1936, and that death occurred, on the date stated above, at 3:00 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia — following chronic rheumatism
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Nephritis, Chr.
(duration) yrs. 7 mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W Harry Barron, M. D.
May 8, 19 (Address) Fredericktown Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Grindstaff Cemetery
DATE OF BURIAL: May 9 1936
20. UNDERTAKER
ADDRESS

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

1. PLACE OF DEATH
County: Bollinger
Township: Union
City: Patton RR 1 No. ..... St. ..... Ward)

Registration District No. .....
Primary Registration District No. .....
File No. .....
Registered No. .....

2. FULL NAME: Margaret Francis Loberg

(a) Residence. No. ..... 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: F
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: H. W. Loberg

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 12th 187[illegible]

7. AGE: Years: 64 | Months: 1 | Days: 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Bollinger Co
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: W. D. Grandstaff
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bollinger Co
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Elizabeth Stallar
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Bollinger Co
(STATE OR COUNTRY): Mo

14. INFORMANT: H. D. Loberg
(Address): Patton Mo RR 1

15. FILED ..... 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....
.....
.....
.....(duration).....yrs. .....mos. .....ds.

CONTRIBUTORY (SECONDARY) .....
.....(duration).....yrs. .....mos. .....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., M. D
19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Grandstaff Cemetery on Patton Mo.
DATE OF BURIAL: 5-9 19 26

20. UNDERTAKER: Caldwell Bros
ADDRESS: Flat River Mo