

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

Do not use this space.

26991

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. _____
 Township _____ Primary Registration District No. 3020 Registered No. _____
 City Carthage (Near J. P. Olive) St. _____ Ward _____

2. FULL NAME

Camilla Erickson
 (a) Residence, No. Route 2 St. _____ Ward _____
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eddie Erickson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 17, 1883</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>7</u>
	DAYS <u>24</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Norway</u>		
FATHER	13. NAME <u>Martin Lutzberg</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Norway</u>	
MOTHER	15. MAIDEN NAME <u>Karen Knutsen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Norway</u>	
17. INFORMANT <u>Eddie Erickson</u> (ADDRESS) <u>Carthage, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carthage cemetery</u> DATE <u>July 13, 1936</u>		
19. UNDERTAKER <u>Wm. M. O'Neil</u> (ADDRESS) <u>Carthage, Missouri</u>		
20. FILED <u>July 13, 1936</u> <u>J. B. Colleton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/30, 1936 to 7/11, 1936
 I last saw him alive on 7/11, 1936 Death is said to have occurred on the date stated above, at 5:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Cavernous sinus thrombosis following malignant carbuncle face Date of onset 6/25-36

Other contributory causes of importance:
none

Name of operation none Date of _____
 What test confirmed diagnosis See Phys. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) H. A. LaFoye M. D.
 (Address) Carthage Mo

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.

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