

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.

DEC 30 1936

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

Do not use this space.

41660

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No.)

Registration District No. 418
Primary Registration District No. 5572

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. P. H. Sandberg
(Usual place of abode) Asbury St. Ward.

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 8 13

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

FATHER
13. NAME Nels Sandberg

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

MOTHER
15. MAIDEN NAME h

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

17. INFORMANT (ADDRESS) Wm. Olsen

18. BURIAL, CREMATION, OR REMOVAL Colombus Stars DATE Nov 16 1936

19. UNDERTAKER (ADDRESS) John W. Hubland

20. FILED Nov 16 1936 W. H. Coleman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1936 to Nov 16 1936.
I last saw him alive on Nov 16 1936. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis Date of onset

Other contributory causes of importance
As

Name of operation Date of
What test confirmed diagnosis? 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 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?
(Signed) W. H. Coleman M. D.
(Address)

