

APR 8 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson  
Township St. Lawrence  
City J. C. (No. 3929 Terrace)

Registration District No. 299  
Primary Registration District No. 1002

File No. 9498  
Registered No. -----  
St. ----- Ward -----

## 2. FULL NAME

(a) Residence, No. 3929 Terrace 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) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-7-1862  
7. AGE YEARS 74 MONTHS 10 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Sweden13. NAME Lars Hedberg14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden15. MAIDEN NAME Christine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden17. INFORMANT Mr. Lloyd Charpie (ADDRESS) 3929 Terrace18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem DATE Mar 12, 193719. UNDERTAKER A. P. Doehler (ADDRESS) 1415 Cash20. FILED Nov 16, 1937 M. M. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10, 193722. I HEREBY CERTIFY That I attended deceased from Feb 24, 1937 to March 19, 1937, 19...I last saw him alive on Mar 10, 1937. Death is said to have occurred on the date stated above, at 7 a.m.The principal cause of death and related causes of importance were as follows:  
Date of onset

Toxic Adenoma of thyroid  
Auricular fibrillation  
666

Other contributory causes of importance:

Name of operation no Date of -----What test confirmed diagnosis Autopsy Was there an autopsy? -----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 street, 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?

If so, specify -----(Signed) A. P. Doehler, M. D.(Address) -----

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.

