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.

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

Do not use this space.

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No. 12792
Township Neosho — Primary Registration District No. 5108 — Registered No. 32
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Carl A. Wallberg
(a) Residence, No. Newton Co. Infirmary St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 29, 1868
7. AGE: YEARS 68 — MONTHS 5 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Refinery
10. Date deceased last worked at this occupation (month and year) August 1932
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

FATHER
13. NAME Carl Wallberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

MOTHER
15. MAIDEN NAME Sophia Lindholm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

17. INFORMANT (ADDRESS) Carl Wallberg Neosho Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hale Cemetery DATE March 8, 1937
19. UNDERTAKER (ADDRESS) Carley Thompson Neosho Mo.
20. FILED 3-11, 1937 Onala Sale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936, to March 5, 1937
I last saw him alive on March 3, 1937. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	5 or 6 Years

Other contributory causes of importance: Not known

Name of operation None Date of .....
What test confirmed diagnosis? Sobrietoy 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 city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Onala Sale, M. D.
(Address) Neosho Mo