

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

Do not use this space.

MAY 15 1937

15145

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Trinity Lutheran Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 300
Registered No. 300 (Ward)

2. FULL NAME Mrs. Christina Backstrom

(a) Residence, No. 3008 Baltimore Ave. St. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

OCCUPATION	3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23, 1847				
	7. AGE	YEARS 89	MONTHS 11	DAYS 15	If LESS than 1 day,hrs. ormin.
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home				
	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 Andreas Simonson			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden					
MOTHER	15. MAIDEN NAME Maria-				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden				
17. INFORMANT G. L. Backstrom (ADDRESS) 4403 Norledge					
18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE April 10 1937					
19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) Kansas City, Missouri					
20. FILED Apr 7 31 M. M. Brown Asst. Registrar.					

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr. 8, 1937**

22. I HEREBY CERTIFY, That I attended deceased from March 15 1937, to April 8 1937
I last saw h. es. alive on April 8 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia
Cardiac Failure
Atherosclerosis

Date of onset 15
2 days

Other contributory causes of importance 1070

Name of operation Physical Date of
What test confirmed diagnosis? Physical 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Carl H. Lenz, M. D.
(Address) 704 P. St. Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11:30 - 1:15 PM

1:30 - 4:30 P.M.

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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Registration District No. File No. 1691
 Township Primary Registration District No. Registered No.
 City (No. Trinity Lutheran Hospital) St. Ward

2. FULL NAME Mrs. Christina Ballestrom

(a) Residence, No. 3008 Baltimore 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 4/9 1937 M. G. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

I last saw him alive on, 19..... Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset

Cardiac Spizure

(acute)

Other contributory causes of importance: 1070

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl W. Ludwig M. D.

(Address) 100 W. 14th St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

S-15145