

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kansas City (No. # 2 West 14th St)

File No. 33378
Registered No. 3022
St. _____ Ward _____

2. FULL NAME

Victor Lindquist
(a) Residence, No. # 2 West 14th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-37 . 1937

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

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw Victor Lindquist alive on Sept 14, 19____, at Chowan. Death is said to have occurred on the date stated above, at 6:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 - 1879

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 25

Hypertensive myocarditis
Chr Myocardial Infarction
93C

Date of onset _____

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

Other contributory causes of importance:

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Handmade shoes

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) Urbana Sweden

13. NAME Unknown Lindquist

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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

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.

15. MAIDEN NAME Unknown

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

17. INFORMANT Bus Berner (ADDRESS) Cocoma office

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Co DATE 9/22, 1937

19. UNDERTAKER W F Mayhew (ADDRESS) Greenwood & Olive Sts

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

If so, specify _____

(Signed) Gursell W Jones, M. D.

20. FILED Sept 22, 1937 M. M. Brown Registrar.

(Address) _____

N. B.—Every item of information should be carefully supplied. Age should be stated in plain terms. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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