

OCT 19 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 Shaw  
City Osage City

Registration District No. 399  
Primary Registration District No. 100  
(No. R. C. No. Union Station)

File No. 33481  
Registered No. 621107  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Rockport Ill 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29-1883

7. AGE YEARS 54 MONTHS 5 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Sueden

13. NAME Don't know

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

15. MAIDEN NAME Hanna Lundstrom

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

17. INFORMANT (ADDRESS) Henry J. Jeyer  
Rockport Ill Union

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockport Ill DATE 9-28

19. UNDERTAKER (ADDRESS) Russell - Doylman  
3124 Trent

20. FILED 9/29 1937 M M Corowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-37 19

22. I HEREBY CERTIFY, That I attended deceased from 19 \_\_\_\_\_ 19 \_\_\_\_\_

I last saw h. Deputy Coroner 19 \_\_\_\_\_ 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:

Arteriole thrombosis  
Crush Injury chest  
Pulmonary Embolism  
Panic attack  
Other contributory causes of importance:

210-M

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury 9-17-37

Where did injury occur? near Flagstaff Arizona  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Arteriole thrombosis  
Nature of injury Crush Injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Russell W. Ben M. D.  
(Signed) \_\_\_\_\_ (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.

