

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.

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Texas Registration District No. 862
Township Burdine Primary Registration District No. 6133
City Cabool (No. _____) St. _____ Ward _____

File No. 35513
Registered No. 55

2. FULL NAME

Hilda Amelia Sjoberg

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24, 1860

7. AGE YEARS 77 MONTHS 1 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 1935 11. Total time (years) spent in this occupation _____

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

13. NAME Lawrence Anderson

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

15. MAIDEN NAME Anna Magnusson

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

17. INFORMANT (ADDRESS) Nellie Sjoberg Cabool Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove Cemetery DATE Sept 30, 1937

19. UNDERTAKER (ADDRESS) Raymond V. Elliott Cabool Mo.

20. FILED Oct 9, 1937 Mr. S. Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937 to Sept 29, 1937. I last saw her alive on Sept 25, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Chronic nephritis Date of onset 1935

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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

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) J. M. Chung, M. D.
(Address) Cabool Mo

14 1/2
20 1/2
28 1/2
36 1/2
44 1/2
52 1/2
60 1/2
68 1/2
76 1/2
84 1/2
92 1/2
100 1/2