

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

NOV 19 1937

1. PLACE OF DEATH

County MarionRegistration District No. 547File No. 38218Township MarionPrimary Registration District No. 3029Registered No. 318City Hannibal(No.)Leveing HospitalSt. Ward 2. FULL NAME John August Lofquist(a) Residence, No. 2905 HillSt. Ward.

(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

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFEmme Lofquist

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

July 8 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.76319

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

Tailor

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)

Sweden

13. NAME

Lofquist

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

Sweden

15. MAIDEN NAME

No Data

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

No Data

17. INFORMANT

(ADDRESS)

Miss Ruth Lofquist
2905 Hill St Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

mt Olivet

DATE

Oct 29, 1937

19. UNDERTAKER

(ADDRESS)

Wm M Smith
902 Bldg. Hannibal, Mo

20. FILED

Nov. 19, 1937St C FisherRegistrar.

MEDICAL CERTIFICATE OF DEATH

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

October 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 27to Oct 2737I last saw him alive on Oct 26, 1937. Death is saidto have occurred on the date stated above, at Dilla, m.

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

Malignancy of Bladder aboutDate of onset
1931Uremia -W.P.N. 200 mgm 5)Creatin 6 "10/27/37

Other contributory causes of importance:

Haemorrhage into Bladder 10/21/37Name of operation Repeated fulguration from 1931What test confirmed diagnosis Cervical Cancer as there in autopsy? NO

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) J. E. Seltzman M. D.(Address) Hannibal Mo.

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

