

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

44281

1. PLACE OF DEATH

County - Jackson Registration District No. 399
Township - Kaw Primary Registration District No. 1002
City - Kansas City, Mo. (No. Trinity Lutheran Hospital

File No. _____
Registered No. 5184
St. _____ Ward _____

2. FULL NAME

Mrs. Fannie Skold
2518 1/2 Chestnut

(a) Residence, No. _____ 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 Female 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 OF Alfred Skold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 3 8

OCCUPATION 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. 23
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 21

13. NAME J Lundberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 24

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 24

17. INFORMANT Mr. Alfred Skold (ADDRESS) 2518 1/2 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec. 24, 1937

19. UNDERTAKER R. V. Lindsey & Sons (ADDRESS) 3811 Broadway

20. FILED Dec 23 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1937 to Dec 22 1937
I last saw her alive on Dec. 22 1937 Death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia Heart disease
Chronic rheumatic endo-
carditis, aortic stenosis
mitral stenosis. 92w
Other contributory causes of importance:
Pulmonary Infection 10 days
Empyema of lungs 4 days

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? No 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. W. Walker M.D.
(Address) 536 Professional Bldg., Kansas City Mo.

