

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH
Burge Hospital

County Greene

Registration District No. 316

Township Springfield

Primary Registration District No. 2001

City Springfield (No. Burge Hospital)

File No. 45423

Registered No. 1209

2. FULL NAME Hank Aron Lindholm

(a) Residence, No. Mt. Grove Mo. St. Mo. Ward. Mt. Grove Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margalepe Lindholm</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10 - 1850</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>11</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		11. Total time (years) spent in this occupation <u>27</u>
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) <u>10 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>		
13. NAME <u>Andrew Lindholm</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>		
15. MAIDEN NAME <u>UK</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>		
17. INFORMANT <u>Lawrence E. Lindholm</u> (ADDRESS) <u>Mt. Grove Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Grove Mo.</u> DATE <u>Dec 27</u> , 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Barton Funeral Home</u> <u>1111 North 1st St</u> <u>Springfield Mo.</u>		
20. FILED <u>Dec 27 1937</u> <u>Chas. A. George</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 127, 1937, to 127, 1937

I last saw him alive on Dec. 27th, 1937 Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Cancer (abdominal site not determined)

52

Other contributory causes of importance:
Supraventricular of old

Age

Name of operation None Date of NO

What test confirmed diagnosis? clinical 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 _____, 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?
If so, specify _____
(Signed) St. Lawrence, M. D.
(Address) Medical Arts Bldg

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.

