

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence
55 Township Spring River
City Wellwood (No. _____)

Registration District No. 475
Primary Registration District No. 5639

File No. 3289
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Lydia Jacobson 2.12
(a) Residence, No. DeSana Mo. 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? yrs. mos. ds. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>78</u>	<u>+</u>	<u>1</u>	<u>12</u>	

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. _____
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

FATHER 13. NAME John A. Lindquist

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

MOTHER 15. MAIDEN NAME Helen Johanna Lask

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

17. INFORMANT (ADDRESS) Conrad Jacobson

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring River DATE Feb 7 1938

19. UNDERTAKER (ADDRESS) Curran Funeral Home Aurora Mo.

20. FILED 2/10 1938 G. J. Rudy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1938, to Feb. 5 1938

I last saw her alive on Feb. 4 1938 Death is said to have occurred on the date stated above, at 10:15 Am.

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

Heart & Respiratory failure
Bronchopneumonia
Other contributory causes of importance: _____
1070

Name of operation _____ Date of _____
What test confirmed diagnosis? physical & lab. 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? no

If so, specify _____

(Signed) W. E. Heinlein M.D.

(Address) Verona Mo.

426

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3289

Do not use this space.

1. PLACE OF DEATH

(a) County Laurens Registration District No. 475
 (b) Township Spring River Primary Registration District No. 5639
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME Mary Lydia Jacobson

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Wife of John Jacobson

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 1 12

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2/10 1938 A. J. Rudig Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) W. E. Heiler M. D.

(Address) Verona

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

1938
S-3289