

REC'D APR 23 1938

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

12379

Do not use this space.

1. PLACE OF DEATH

- (a) County Vernon Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162 Registered No. 75
 (c) City Nebraska (d) Street No. State Hospital #3 Nevada, Mo.
 (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 41 yrs. 8 mos. 3 ds. (f) How long in U.S., if of foreign birth? 1 yrs. 1 mo. 17 ds.

2. PRINT FULL NAME Laura Berstrom 623

- (a) Residence, No. Laurens County, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1856</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>7</u>
	DAYS <u>?</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>	
	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) <u>Sueden</u>	<u>7</u>	
FATHER	13. NAME <u>John Johnson</u>	<u>7</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sueden</u>	<u>7</u>
MOTHER	15. MAIDEN NAME <u>Marie Engsted</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sueden</u>	

17. INFORMANT (ADDRESS) <u>Records of Hosp #3 Nevada, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Omaha, Neb.</u> DATE <u>19</u>
19. FUNERAL DIRECTOR (ADDRESS) <u>Snosby, Carlson-Meyer 32 Ave Fernm (Omaha, Neb.)</u>
20. FILED <u>3/21</u> 19 <u>38</u> <u>Allen V. Gays</u> Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 13 1937, to March 19 1938
 last saw her alive on March 18 1938. Death is said to have occurred on the date stated above, at 5:15 a.m.

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

Lobar pneumonia Mar. 18, 38
arteriosclerosis 1937

Other contributory causes of importance: 106

Name of operation none 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? 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 none
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) A. P. Mills M. D.
 (Address) State Hospital #3 Nevada, Mo.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)