

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.

DEC'D MAY 9 1938

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

Do not use this space.

13467

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas Ctiy (No. Trinity Lutheran Hospital) File No. _____
 Registered No. 1447 St. _____ Ward) _____

2. FULL NAME

Albert F. Lindquist 532
 (a) Residence, No. 3311 Baltimore 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary S. Lindquist</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 18, 1864</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>6</u>
	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired sheet</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>metal worker</u>	
	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>Sweden</u>		
FATHER	13. NAME <u>No Record</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
MOTHER	15. MAIDEN NAME <u>No Record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
17. INFORMANT <u>Mrs. Mary S. Lindquist</u> (ADDRESS) <u>3311 Baltimore</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>4/6/38</u>		
19. UNDERTAKER <u>QUIKA & TOBIN COMPANY</u> (ADDRESS) <u>Kansas City, Missouri</u>		
20. FILED <u>Apr 4 1938</u> <u>Dr. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to April 4, 1938
 Last saw alive on April 4, 1938 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of rectum Date of onset 1927
46
 Other contributory causes of importance:
Urinary insufficiency

Name of operation _____ Date of _____
 What test confirmed diagnosis? Anal Was there an autopsy? yes

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) Carey Johnson, M. D.
 (Address) 057 N. 3rd St.

