

REC'D JUL 17 1938

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

Do not use this space.

22165

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Township, Ward.

(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  
Female4. COLOR OR RACE  
White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)  
Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF  
Fay Miller6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
May 27 1908

7. AGE

YEARS  
30MONTHS  
0DAYS  
6If LESS than 1  
day, .....hrs.  
or .....min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.  
Housewife9. 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  
112. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)  
Topeka Ks13. NAME  
August Linder14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)  
Sweden15. MAIDEN NAME  
Anna Brandt16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)  
Sweden17. INFORMANT  
(ADDRESS)  
Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER  
(ADDRESS)  
Sedgwick Nelson  
Webb City Mo

20. FILED

19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1938

22. I HEREBY CERTIFY, That I attended deceased from  
June 4 1938, to June 11 1938I last saw her alive on June 11 1938 Death is said  
to have occurred on the date stated above, at 2:54 p.m.

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Sputum X-Ray 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 injuryWhere 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

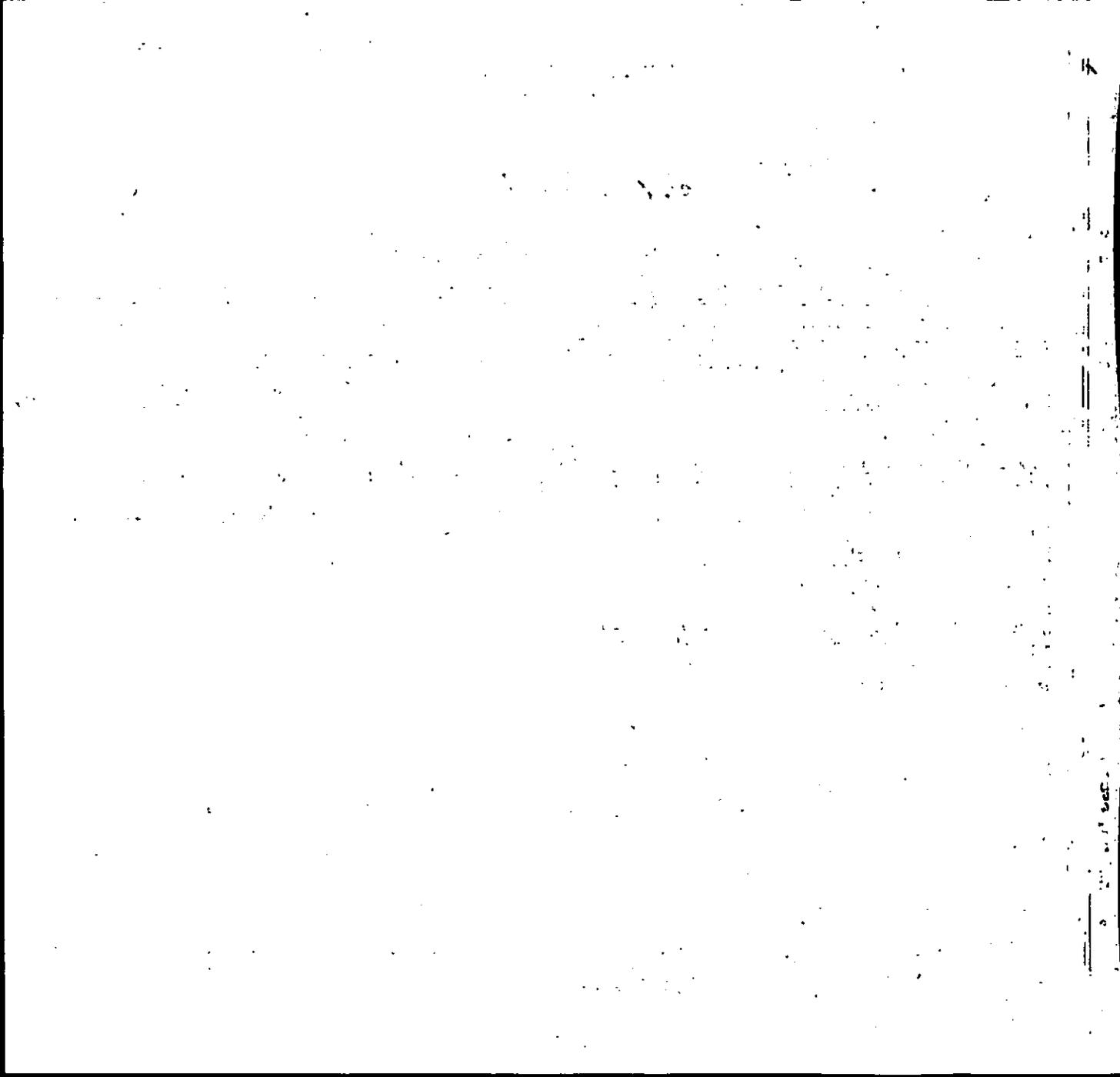
If so, specify

(Signed) W. W. Krumpholtz, M. D.

(Address) Topeka, Mo

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CAUTION: so that it may be properly classified.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

22160-  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 413  
(b) Township Mineral Primary Registration District No. 5599C  
(c) City J.B. Hospital (d) Street No. J.B. Hospital Registered No. \_\_\_\_\_  
(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

(a) Residence, No. 40 Juney St.  Jasper, Kans  
(Usual place of abode, if no street address, write county or city) (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 Jay Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
30 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Jasper, Kans

FATHER 13. NAME August Lindstrom

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

MOTHER 15. MAIDEN NAME Anna Brandt

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Jasper DATE June 11, 1938

19. FUNERAL DIRECTOR (ADDRESS) Hedley & Palauke  
Whip City, Mo

20. FILED July 1 1938 Harry A. Weaver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1938

22. I HEREBY CERTIFY That I attended deceased from June 4 to June 11, 1938

I last saw him alive on June 11, 1938 Death is said to have occurred on the date stated above, at 2:20 p.m.

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Pathology 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? yes  
If so, specify \_\_\_\_\_  
(Signed) W. K. Juney, M. D.  
(Address) Jasper

REGISTERED MAIL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL TH. 10 AM. AS PR. CR.

