

REC'D JAN 13 1938

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399

Township

Primary Registration District No. 1002City Kansas City(No. 1 St. Lukes Hospital)File No. 41773Registered No. 4839

St. _____ Ward _____

2. FULL NAME Reuben C. Eklund(a) Residence, No. 914 Gilmore St. _____ Ward. Kans City, Kans
(Usual place of abode)Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Betty Agnes Eklund6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 29, 18997. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 7 108. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Clerk Rock Island9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R.10. Date deceased last worked at this occupation (month and year) Nov. 22, 1938 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City
Kansas13. NAME John P. Eklund14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden15. MAIDEN NAME Johanna Thulin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden17. INFORMANT Helmer N. Eklund
(ADDRESS) R. R. 2, Liberty, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 12/12/38 1919. UNDERTAKER Geo. H. Long
(ADDRESS) Kansas City, Kansas20. FILED Dec 12 1938 M. M. Crone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1938 1922. I HEREBY CERTIFY, That I attended deceased from 6-21, 1938, to 12-9, 1938.I last saw him alive on 12-9, 1938 Death is said to have occurred on the date stated above, at 7:20 A. M.

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

Acute Cardiac Failure
following Operation for
Resection of Peptic Ulcer
Mitral Stenosis 920 ?
Date of onset 2 days

Other contributory causes of importance:

Name of operation Resection of Peptic Ulcer Date of 12-6-38
What test confirmed diagnosis? X-ray Was there an autopsy? yes23. 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) Harvey E. Crone M. D.(Address) 6326 Prof Bldg, Kansas

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.

5010-10-22-38
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Dr. Emi
Professional Bldg.