

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

Do not use this space.

12395

1. PLACE OF DEATH

County Henry

Registration District No. 347

Township

Primary Registration District No. 3018

City Clinton Mo

(No. _____)

File No. _____
Registered No. 26
St. _____ Ward)

2. FULL NAME

Mary Helen Lindstrom

(a) Residence No. South Main St. 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

F

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

April 18 - 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

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

Clinton Mo

10. NAME OF FATHER

Elmer A. Lindstrom

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Pinckel Ark

12. MAIDEN NAME OF MOTHER

Mary Kesler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo

14. INFORMANT (Address)

Elmer Lindstrom - Clinton Mo.

15. FILED

4/27 1930

Dr. E. C. Peeler

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

April 20 1930

17.

I HEREBY CERTIFY, That I attended deceased from April 18, 1930, to April 20, 1930, that I last saw her alive on April 19, 1930, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Still born revived and had convulsions until death

86

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

SO

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. R. Hueston, M. D.

19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Englewood Cem

DATE OF BURIAL

4/20 1930

20. UNDERTAKER

Moss & Son

ADDRESS

Clinton Mo.

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.

6 1930

