

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

Do not use this space.

24454

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1097
 City Kansas City (In Vineyard Park Hosp) St. 321st Ward 12

2. FULL NAME Francis Theodore Carlson
 (a) Residence No. 1528 E 51st St. 15 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Anna Carlson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10, 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 | | 11 | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Brick Mason
 (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) Sweden

10. NAME OF FATHER C. Adolffson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sweden
 12. MAIDEN NAME OF MOTHER Louisa Jonson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sweden

14. INFORMANT Anna Carlson
 (Address) 1528 East 51st

15. FILED 8/27 27 M. M. Crowe REGISTRAR
West

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1927
 17. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1927, to Aug 21, 1927, that I last saw him alive on Aug 20, 1927, and that death occurred, on the date stated above, at 7:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
1913
1927
 (duration) yrs. mos. 5 da.
 CONTRIBUTORY acute appendicitis (SECONDARY)
 (duration) yrs. mos. 10 da.

18. WHERE WAS DISEASE CONTRIBUTORY? IF NOT AT PLACE OF DEATH
1913
 DID AN OPERATION PRECEDE DEATH? DATE OF Aug 19-27
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. E. Sheldon, M. D.
9-21-1927 (Address) 604 Commerce Bldg.
 *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 Forest Hill DATE OF BURIAL Aug 23 1927

20. UNDERTAKER D. V. Newcomer Sons ADDRESS City

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.

Mr. John S. Sheldon
Vergennes, Vt.
Grand 3630