

WRITE PLAINLY, WITH OUTFADING THROUGH THIS IS A PEN-INK PRINTING PROCESS

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.

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

County Jackson
Township 107
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
400 Maple Blvd.

File No. 5480
Registered No. 546
St. _____ Ward _____

2. FULL NAME Ferry A. Olson

(a) Residence, No. 400 Maple Blvd. 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 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 Hus. of Mrs. Cecelia Olson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>1</u>	<u>4</u>	<u>3</u>

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Implement Salesman
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) Wis.

MOTHER 13. NAME Nelson Olson

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

15. MAIDEN NAME Dont 1207

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

17. INFORMANT D. B. Gordon
(ADDRESS) 2120 Linwood, N. E. 19.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Calvary DATE 2/2/38

19. UNDERTAKER F. ...
(ADDRESS) 2315 Linwood Blvd. N. E. 19.

20. FILED 72 19 38 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31-38 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 1938 to _____ 1938

I last saw Deputy Coroner on _____ 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:

Coronary Thrombosis
Rupture of the Heart
Pericardium

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy 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 _____ 1938

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? _____
If so, specify _____

(Signed) Funnelwitzer M. D.
(Address) ...

