

RECD OCT 15 1938

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

Do not use this space.

31168

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township

Primary Registration District No. 1002

City Kansas City

(No. Crethaven Convalescent Home St. _____ Ward)

File No. _____

Registered No. 3465

2. FULL NAME Ollie Newman Carlson

(a) Residence, No. 1308 W. 41st St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

Axel G. Carlson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1871

7. AGE

YEARS

MONTHS

DAYS

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

67

1

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. 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

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

Sweden

MOTHER FATHER 13. NAME

Newman

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

Sweden

15. MAIDEN NAME

No record

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

Sweden

17. INFORMANT

Axel G. Carlson

(ADDRESS) 1308 W. 41st

18. BURIAL, CREMATION, OR REMOVAL

PLACE Floral Hills DATE Sept. 6, 1938

19. UNDERTAKER

Gates Funeral Home

(ADDRESS) Kansas City, Kansas

20. FILED

Sept 7 1938 M. M. Cron

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 37, 1937, to Sept 3, 1938

I last saw hw alive on Sept 2, 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:

Chronic Myocarditis
Chronic Nephritis

Date of onset
1937
1937

Other contributory causes of importance:

Pneumonia
Bronchitis

Aug 1-1938

Name of operation _____ Date of _____

What test confirmed diagnosis? Ch. ex. 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 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) Paul H. Brown M. D.

(Address) 1140 W. 11th St., Kansas City, Mo

H. Brent
106 W. 14