Cronoway - Toxic

DESD MAR 20 1939

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

7115
Do not use this space.

1. PLACE OF DEATH
(a) County Macon
(b) Township Hudson
(c) City Macon
Registration District No. 533
Primary Registration District No. 3027
Registered No. 22
(d) Street No. Samaritan Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 425 Nelse (Pete) Olsen
(a) Residence, No. S. Allen St., Macon, Mo St.
(Usual place of abode, if no street address, write county or city) (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~~ Katie Olsen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1863
7. AGE: Years 75 | Months 4 | Days 14 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brick mason
9. Industry or business in which work was done, as 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) Denmark

FATHER
13. NAME (Don't know)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Harry Olsen
(ADDRESS) Enid, Okla.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Woodlawn-Macon DATE Feb. 13, 1939
19. FUNERAL DIRECTOR (NAME) Albert Skinner
(ADDRESS) Macon, Mo
20. FILED 3/3, 1939 Leota Newton Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1939 to Feb. 11, 1939
I last saw him alive on Feb. 11, 1939. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

Acute Uremia following super pubic cystotomy 1/31/39 — Date of onset

Other contributory causes of importance: Chronic Uremia from prostatic obstruction

Name of operation Super pubic cystotomy Date of 1-31-39
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 19....
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. L. Cambre, M. D.
(Address) Macon, 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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer No. 10
10-34-345
MAR 14 1939

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, George M. Hill, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed George M. Hill

Licensed Embalmer No. 4066

P. O. Address Macon, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**