

1939 AUG 18 1939

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

Do not use this space.

26063

1. PLACE OF DEATH

County Lafayette Registration District No. 461
Township Livingston Primary Registration District No. 5024
City Livingston, Mo. No. _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME 542 Axel William Samuelson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 M. 4. COLOR OR RACE W. 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) Oct. 2-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
54 8 21

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

13. NAME John Samuelson

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

15. MAIDEN NAME Johanna Pearson

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

17. INFORMANT Mrs Johanna Samuelson
(ADDRESS) Livingston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Livingston, Mo. DATE June 25-1939

19. UNDERTAKER Winkler
(ADDRESS) Livingston, Mo.

20. FILED Aug 1 1939 Selia Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1939, to June 23, 1939

I last saw him alive on June 22, 1939. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Valvular heart leak Date of onset _____

Other contributory causes of importance: HTN

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) J. P. ... M. D.

(Address) Livingston, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. P. H. SOCIALS SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Good

RECEIVED
District Health Officer No. 8,
District File Number 811/39
Date Filed _____