

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

Do not use this space.

29587

**PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township Washington Primary Registration District No. 1001  
 City St. Joseph (No. 1124 No. 2nd)

File No. \_\_\_\_\_  
 Registered No. 1043  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Olaf Didrickson Jr  
 (a) Residence. No. 1124 No 2nd 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 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 Mrs. Augusta Didrickson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13-1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>82</u>	<u>3</u>	<u>27</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Engineer  
 (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**

Olaf Didrickson Sr

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Sweden

**12. MAIDEN NAME OF MOTHER**

unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) unknown

14. INFORMANT Mrs. Augusta Didrickson

Address 1124 No 2nd Street

15. FILED 11 1927 REGISTRAR John W. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 10 19 27  
 17. I HEREBY CERTIFY That I attended deceased from Oct 10, 1927, to Oct 10, 1927  
 that I last saw him alive on Oct 10, 1927, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
97  
1102  
Astoria Chlorosis  
unknown (duration) yrs. mos. ds.

CONTRIBUTORY age (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1102  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) Peres Beck, M. D.

Address Lincoln Bldg. St. Joseph Mo  
 \*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 Ashland Cemetery DATE OF BURIAL Oct 13 19 27  
 20. UNDERTAKER E. R. Sidenfader ADDRESS 602 So. 10th

N. B.—Every item of information should be carefully supplied. AGE should be edited EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV

1927

