PR 23 1928

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

Do not use this space.

File No. 7848

Registered No. 286

1. PLACE OF DEATH
County: Buchanan
Registration District No. 85
Township:
Primary Registration District No. 1001
City: St. Joseph, (No. 3113 Olive Street, St. Ward)

2. FULL NAME Maurice Olaf Olson,
(a) Residence. No. 3113 Olive St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 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 Bessie Olson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16, 1879

7. AGE — Years: 48 | Months: 8 | Days: 19 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Washer,
(b) General nature of industry, business, or establishment in which employed (or employer): Laundry
(c) Name of employer: W. A. Fox Laundry,

9. BIRTHPLACE (CITY OR TOWN) Leavenworth,
(STATE OR COUNTRY) Kansas,

PARENTS

10. NAME OF FATHER Unknown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Lena Nelson,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Norway,

14. INFORMANT Mrs. Bessie Olson
(Address) 3113 Olive Street.

15. FILED MAR 6 1928 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Received March 5 1928, to 3-5 1928, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 5:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Second hot weather in heart disease

167 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 170 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Post mortem & history
(Signed) M. Mays Coroner, M.D.
Mch 5, 1928 (Address) 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: St. Joseph Mem. Park Cem. — DATE OF BURIAL: March 6th 1928

20. UNDERTAKER: Heaton-Bresee / Bowman — ADDRESS: 310 S. 10 St. Funeral Home
by J. H. Hasle

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.