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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. — File No. 24073

Township Kaw — Primary Registration District No. — Registered No. 201

City Kansas City (No. 512 W. 46th. St. Ward)

2. FULL NAME Carl August Carlson

(a) Residence. No. 512 W. 46th. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ******

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 20 1859

7. AGE: Years 69 — Months 4 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: K.C. Power and Light

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

PARENTS

10. NAME OF FATHER: Nuk Carlson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Sweden
12. MAIDEN NAME OF MOTHER: No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Sweden

14. INFORMANT: Mrs. Leonard Carlson
(Address) 512 W. 46th.

15. FILED 7/27, 1928 M. M. Croeve asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to 7-26, 1928, that I last saw him alive on 7-26-, 1928, and that death occurred, on the date stated above, at 7.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (Chronic)
131
93C
(duration) 1 yr. 9 mos. ds.

CONTRIBUTORY (SECONDARY): Nephritis, Chronic
(duration) yrs. 6 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? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. Welch, M. D.
7/27, 1929 (Address) Rialto Bldg

*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: Mt. Moriah — DATE OF BURIAL: July 28 1928

20. UNDERTAKER: H. W. Gates — ADDRESS: K.C.K.

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.