

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

Do not use this space.

30610

3861

**1. PLACE OF DEATH**

County Jackson Registration District No. ....  
Township Rau Primary Registration District No. ....  
City N. W. Mo. (No. 2318) Merriamton St. .... Ward)

File No. ....  
Registered No. ....

**2. FULL NAME**

Tola Sophia Erickson  
(a) Residence. No. 2318 Merriamton St., 12 Ward. (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 78 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  Axel Erickson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) NOV 21 - 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 9 17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Honorary  
(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 Olof Olsen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sweden

12. MAIDEN NAME OF MOTHER Anna Nelson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sweden

14. INFORMANT A. F. Poby (Address) 2318 Merriamton

15. FILED 9/19/28 M. M. Crowe REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 18 1928

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1925 to Sept 18, 1928. that I last saw h. in. alive on Sept 15, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart Insufficiency  
131  
92B  
97 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis - arterio sclerosis (duration) yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF BIRTH ..... DID AN OPERATION PRECEDE DEATH? no WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physiogn. examination (Signed) H. C. Kullite, M. D. Sep 19, 1928 (Address) 920 1/2 E. 13th St. Kansas City 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 East Washington DATE OF BURIAL Sept 20 1928

20. UNDERTAKER Rose & Henderson ADDRESS City 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.

STATE PRINTING PLANT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

W. R. Wallis  
1894