

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.

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

Do not use this space.

1657

1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 248Township KearPrimary Registration District No. 1000Registered No. 248City Kansas City(No. Kansas City Genl Hosp. St. 2 Ward)

2. FULL NAME

(a) Residence. No. 1324 Invest St. 2 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)

Widow

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

Nanning E. Olsen

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

Aug - 1st - 1852

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ____ hrs. or ____ min.

76514

8. OCCUPATION OF DECEASED

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

Painter

(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)

Denmark

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Denmark

14.

INFORMANT

(Address)

Re und Clerk
Kansas City Genl Hosp

15.

FILED

177, 1929M. M. Lewis

REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-17 1929

17.

I HEREBY CERTIFY That I attended deceased from 1-11, 1929 to 1-17, 1929, that I last saw him alive on 1-17, 1929, and that death occurred, on the date stated above, at 2:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia107A
162

CONTRIBUTORY (SECONDARY)

Semility

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

1-17 (Signed) P. E. Weisauer, M. D.1929 (Address) Supt K. C. Genl Hosp

*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

DATE OF BURIAL

Memorial Park Jan 19 1929

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster K. C. Mo.

