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

Do not use this space.

8588

791
1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2257

City St. Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME John Olson

(a) Residence (Usual place of abode) No. 2423 N. Spring Ave St., 11 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: 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) Oct. 1857?

7. AGE: About 72 YEARS; MONTHS: Unknown; DAYS: ; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 29
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norway 24

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Norway 24
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Norway 24

14. INFORMANT: Mrs Jesse Bradley
(Address) 2423 N. Spring Ave

15. FILED FEB 18 1929, 19.. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1929, to Feb 16, 1929 that I last saw him alive on Feb 16, 1929, and that death occurred, on the date stated above, at 11 45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Genl. Peritonitis following acute Bowel Obstruction - from adhesion cause unknown

122B (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) 129 118B2 (duration) mos. ds.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-15-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robt Hyland, M. D

2-18, 1929 (Address) 3901 Parkan

*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: Lake Charles
DATE OF BURIAL: Feb 19, 1929

20. UNDERTAKER: Chas L. Geraghty
ADDRESS: 4822 Easton Ave

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.