

MAY 27 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

M. E. Mel
13573

1. PLACE OF DEATH

County *Pitts*Registration District No. *668*Township *Sedalia*Primary Registration District No. *3032*City *Sedalia*(No. *1919* So. *Lam.*)File No. *112*Registered No. *112*St. *Mo.* Ward

2. FULL NAME

Oscar Francis Ahlquist(a) Residence No. *St.*

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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Mrs Ella Ahlquist

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

Aug 7-1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*47**8**17*

8. OCCUPATION OF DECEASED

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

(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)

10. NAME OF FATHER

Peter Ahlquist

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sweden

12. MAIDEN NAME OF MOTHER

Marilda Chalmers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sweden

14.

INFORMANT

(Address)

*W. M. Ahlquist
Sedalia, Mo.*

15.

FILED

*4-30-30**J. L. Love*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Apr 24 1930

17.

I HEREBY CERTIFY, That I attended deceased from *Apr 24* 1930, to *Apr 24* 1930, that I last saw him alive on *Apr 24* 1930, and that death occurred, on the date stated above, at *7:15 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

indurated

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Apr 24 1930 (Address)

*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

*Crown Hill**4/27 1930*

20. UNDERTAKER

ADDRESS

*Gillespie**Sedalia*

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.

