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

Do not use this space.

32821

File No. 4045

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kan
City: Kansas City (No. Kansas City General Hospital St. Ward)
Registration District No. 299
Primary Registration District No.

2. FULL NAME: Julerud Suemar
(a) Residence. No. 4321 W 32nd St., 5 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): 3-16-1886

7. AGE: Years 44 | Months 6 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Accountant
(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): Wisconsin

PARENTS
10. NAME OF FATHER: John Julerud
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Norway
12. MAIDEN NAME OF MOTHER: Janett Storbon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Norway

14. INFORMANT: Records Clerk
(Address) Kansas City Gen. Hosp.

15. FILED 10/5, 1930 M. M. Crouch asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-4-1930

17. I HEREBY CERTIFY, That I attended deceased from 9-3-, 1930 to 10-4-, 1930 that I last saw h.. alive on 10-4-, 1930, and that death occurred, on the date stated above, at 9:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculous Pneumonia
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY)
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. E. Williams, M. D.
10-4-, 1930 (Address) Supt. K.C. Gen. 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: Minneapolis Minn. | DATE OF BURIAL: Oct 6 1930
20. UNDERTAKER: Mrs. E. L. Foster | ADDRESS: K.C. 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.