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

Do not use this space.

36095

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. — Registered No. [illegible]

City Kansas City (No. K.C. General Hosp. St. ..... Ward)

2. FULL NAME Victor Mattson

(a) Residence. No. 401 E. 6th 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. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	29	9	28	

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

PARENTS

10. NAME OF FATHER Julius Mattson

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

12. MAIDEN NAME OF MOTHER Hanna Swanson

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

14. INFORMANT Record Clerk
(Address) K.C. General Hosp.

15. FILED 11/6, 1930 M. M. Crowd asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-5 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-2, 1930 to 11-5, 1930 that I last saw him alive on 11-5, 1930 and that death occurred, on the date stated above, at 12:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Fever

(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.

11-5, 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	DATE OF BURIAL
Leeds Cemetery	11-8 1930
20. UNDERTAKER	ADDRESS
John J. Sheehan	K.C. Mo