

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

Do not use this space.

34604

1. PLACE OF DEATH

County Jackson Registration District No. 382
 Township Raw Primary Registration District No. 3002 File No. 4323
 City Kansas City (No. 3130 Barnes Blvd) Registered No. 4323 Ward

2. FULL NAME

Mrs. Sophia Christina Erickson
 (a) Residence, No. 3130 Barnes St. 5 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

OCCUPATION	3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
	5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Oscar W. Erickson</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-15-1858</u>				
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <u>73</u> <u>0</u> <u>8</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>				
MOTHER	13. NAME <u>Karl Johnson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>			
	15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>				
17. INFORMANT <u>Mrs. J. H. Hallberg</u> (ADDRESS) <u>3130 Barnes Blvd</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Moriah</u> DATE <u>Oct. 26 1931</u>				
19. UNDERTAKER <u>W. Newman's Sons</u> (ADDRESS) <u>2711 East 9th St.</u>				
20. FILED <u>10/26 1931</u> <u>M. M. Crowe</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 23, 1931

22. March 1930, to Oct 23, 1931
 I last saw her alive on Oct 23, 1931. Death is said to have occurred on the date stated above, at 5:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset
Chronic Rheumatic Arthritis

131
578 / 51

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Leont J. Foster, M. D.
 (Address) 638 Fairway Bldg.

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.

WHITE PRINT, WITH OBTAINING INK—THIS IS A PERMANENT RECORD

638 Athrop Bldg

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