

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

Do not use this space.

37971

**1. PLACE OF DEATH**

County Jasper  
Township Louisa  
City 1 mi S of Waco (No. \_\_\_\_\_)

Registration District No. 406  
Primary Registration District No. 5560

File No. \_\_\_\_\_  
Registered No. 25 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Magnus Florentin Olson

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hilda J. Holtman Olson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20 - 1867</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>4</u>	DAYS <u>26</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Foundry</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>35yr</u>

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1931, to Nov 17, 1931  
I last saw him alive on Nov 17, 1931 Death is said to have occurred on the date stated above, at \_\_\_\_\_ pm.

The principal cause of death and related causes of importance were as follows:  
unknown - probably cerebral hemorrhage

Date of onset 11/16/31

Other contributory causes of importance:  
g2a

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>
	13. NAME <u>Olaf Johnson</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>
	15. MAIDEN NAME <u>no record</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>
17. INFORMANT (ADDRESS) _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forlington Rm</u> DATE <u>Nov 18, 1931</u>	
19. UNDERTAKER (ADDRESS) <u>Roney Mns Co. Carl Junction Mo</u>	
20. FILED <u>Nov 17, 1931</u> <u>OW Roney</u> Registrar	

(Name of operation) \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? No  
If so, specify \_\_\_\_\_  
(Signed) Harry Sumner, M. D.  
(Address) Beamer, Jasper

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 22 1931

