

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

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.

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

Do not use this space.

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1. PLACE OF DEATH
 5 County Jarvis Registration District No. 35
 Township Prescott Rds. 0 Primary Registration District No. 5043
 City Wrensburg (No. _____) St. _____ Ward _____

2. FULL NAME August Erickson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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.

File No. _____
 Registered No. _____

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) Anna Erickson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5-1899

7. AGE YEARS 83 MONTHS 2 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER / FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spardhundra Westmanland, Sweden
 13. NAME Erickson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT R. R. Hanson
 (ADDRESS) 5033 Gino, R.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Springriver Cemetery Jan 5 1933

19. UNDERTAKER M. R. Nichols
 (ADDRESS) Verona, Mo.

20. FILED 1/9 1933 Mrs. G. A. Jernel
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 30, 1932, to Jan 4, 1933
 I last saw him alive on Dec 30, 1932 Death is said to have occurred on the date stated above, at 8:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Influenza
 Date of onset Dec 29-31
 Other contributory causes of importance: 110 110

Name of operation _____ 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) Mel Smith, M. D.
 (Address) Verona Mo.

