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.

SEP 26 1933

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

Do not use this space.

File No. 26427
Registered No. 3152

1. PLACE OF DEATH
County Jackson — Registration District No.
Township Kaw — Primary Registration District No.
City Kansas City (No. 4421 Terrace St. Ward)

2. FULL NAME Alexander Danielson
(a) Residence, No. 4421 Terrace 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. 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17-1857

7. AGE: Years 76 — Months 5 — Days 18 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 2 yrs.
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) Sweden

FATHER
13. NAME Daniel Danielson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME Christine Nordstron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Miss Gladys Danielson, 4421 Terrace, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Aug. 7- 1933

19. UNDERTAKER (ADDRESS) Gates Funeral Home, Kansas City - Kansas.

20. FILED Aug 5 1933 Mon Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932, to Aug. 4, 1933
I last saw him alive on Aug. 3, 1933. Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Prostate	1932
Other contributory causes of importance: Chronic Pyelo-nephritis	Dec. 1, 1932

Name of operation None Date of
What test confirmed diagnosis? Examination Was there an autopsy? yes

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) Eugene H Ferguson, M. D.
(Address) 1810 W 45th