

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.

JUN 24 1935

16502

1. PLACE OF DEATH
 48 Cour. Jackson Registration District No. 399
 10 Townshp. Jackson Primary Registration District No. 2000
 9 City Kansas City (No. 507 S Jackson) St. Jackson Ward _____
 2. FULL NAME Carl G. Aylene
 (a) Residence, No. 507 S Jackson 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ottilia Aylene
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 - 1864
 7. AGE YEARS 70 MONTHS 8 DAYS 13 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. _____
 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 Andrew Anderson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden
 17. INFORMANT Mr David G. Aylene
 (ADDRESS) 507 S Jackson
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 5/15/35
 19. UNDERTAKER (ADDRESS) J. P. Donnell Co
3756 Broadway
 20. FILED 5-14 1935 M. M. Crowe, Ass't Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12/35
 22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. 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:
Emphysema of the chest Date of onset _____
 Other contributory causes of importance: no
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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 5/12/35
 Where did injury occur? 307 S Jackson, Jackson
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury Tram car wheels
 Nature of injury _____
 24. Was disease or injury in part related to occupation of deceased? _____
 If so, specify _____
 (Signed) [Signature] _____, M. D.
 (Address) [Signature]

