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.

SEP 16 1935

27812

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6863

City ..... (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Emil Olaff Tollefson

(a) Residence, No. 224 W. 22nd St., N.R. Ward. Kearney Nebr.
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara Tollefsen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 8 1858

7. AGE: YEARS 76 MONTHS 10 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumberman
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): Norway

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norway

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norway

17. INFORMANT (ADDRESS): Albert Tollefsen Kearney Nev.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kearney Nb DATE: Aug 14 1935

19. UNDERTAKER (ADDRESS): Craig Undertaking Co. 4468 Washington Bn

20. FILED: AUG 12 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-11-, 1935, to 8-11-, 1935

I last saw him alive on 8-11-35, 19..... Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (B. Proteus)	7-30-35
Terminal broncho pneumonia.	
Operation for Hypertrophy after which he developed Septicemia	
Other contributory causes of importance:	
Cardiac decompensation	
Uremia	

Name of operation: Prostatectomy Date of 7-29-35

What test confirmed diagnosis? Lab. & 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: 9 to 2

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jno R. Caulk - per Jno F. Patton M.D.

(Address) 723 University Club Bldg.