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

MAR 21 1936

Do not use this space.

5971

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 785
City Kansas City, Mo. (No. 914 W 39 Terrace St. Ward)

2. FULL NAME Mrs. Caroline Paulsen
(a) Residence, No. 914 W 39 Terr St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1852

7. AGE — YEARS: 83 — MONTHS: 4 — DAYS: 15 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) Malmo
(STATE OR COUNTRY) Sweden

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

17. INFORMANT Mrs. Emily Smith
(ADDRESS) 1905 Kensington K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill Cem. DATE Feb. 13, 1936

19. UNDERTAKER Simmons & Son
(ADDRESS) Kansas City, Kansas

20. FILED 2/13, 1936 M. M. Gross
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936, to Feb. 11, 1936
I last saw h. alive on Feb. 9, 1936. Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	not known
93 c	
Other contributory causes of importance: Arteriosclerosis	not known

Name of operation ..... Date of .....
What test confirmed diagnosis? Usual 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) Ward H. Leonard M. D.
(Address) 9232 Summit St.

[illegible]

[illegible] 1923

3252 [illegible]