

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

Do not use this space.

MAY 18 1936

14194

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, (No. 410 Birch

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 594
St. Ward

2. FULL NAME Charles William Olson,

(a) Residence, No. 410 Birch St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S., if of foreign birth? 52 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Emma Olson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7th. 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
69 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pickle maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pickling Works

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Sweden.

13. NAME Charles & Peter Olson

14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Sweden.

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Sweden.

17. INFORMANT Mrs. Charles W. Olson (ADDRESS) 410 Birch Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE April 21, 1936

19. UNDERTAKER Heaton-Brydall & Bowman (ADDRESS) 319 So. 10th St. Funeral Home

20. FILED 4-20, 1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1935, to 4-19, 1936

I last saw him alive on 4-19, 1936 Death is said

to have occurred on the date stated above, at 1:15 p.m.

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

Chronic Myocarditis Date of onset 1935

15

Other contributory causes of importance: Chronic Bronchitis 1935

Name of operation none 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? no

If so, specify

(Signed) Walter Hansen M. D.

(Address) 2807 Julia St.

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.

