

JUL 21 1936  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

22823

2747

**1. PLACE OF DEATH**

County JACKSON Registration District No. \_\_\_\_\_  
 Township K.A.W. Primary Registration District No. \_\_\_\_\_  
 City KANSAS CITY (No. 614-SPRUCE) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 614-SPRUCE St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) MARRIED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. MAE NORDERG

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 8 - 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
47 | 4 | 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PAINTING CONTRACTOR  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OR

10. Date deceased last worked at this occupation (month and year) MAY 1936 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

13. NAME OLAF G NORDERG

14. BIRTHPLACE (CITY OR TOWN) SWEDEN (STATE OR COUNTRY)

15. MAIDEN NAME JOHANNA MORTENSON

16. BIRTHPLACE (CITY OR TOWN) SWEDEN (STATE OR COUNTRY)

17. INFORMANT MR. ARTHUR D. NORDERG (ADDRESS) 614-SPRUCE ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE JUNE 8 1936

19. UNDERTAKER D.W. NEWCOMERS SONS (ADDRESS) 211 EAST 9th ST.

20. FILED 6-6-36 M.M. [Signature] Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 5, 1936

22. I HEREBY CERTIFY That I attended deceased from June 3 1936 to June 5 1936  
 I last saw him alive on June 5 1936 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:  
Acute dilatation of heart - Lobar Pneumonia

Other contributory causes of importance  
Pneumococcal infection 3 days

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) W. Conroy [Signature] M. D.  
 (Address) 6520 Grand ave

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.

6520. Independence Ave.

2:30. 5:30

