SEP 29 1936

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

Do not use this space.

31063

File No.

Registered No. 33662

1. PLACE OF DEATH

County Jackson — Registration District No. 319

Township Kan — Primary Registration District No. 1002

City Kansas City (No. 2843 Troost Ave. St. Ward)

2. FULL NAME Reynold Erickson

(a) Residence, No. 1302 Hoel Pkwy., K.C.K. 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. 10 ds. How long in U. S., if of foreign birth? 86 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cecilia Erickson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	87	1	28	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) June-1930

11. Total time (years) spent in this occupation 40

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

FATHER

13. NAME Unknown

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 Mrs. Allen Swanson
(ADDRESS) 1302 Hoel Pkwy., K.C.K.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 8/21/36, 19

19. UNDERTAKER Geo. H. Long
(ADDRESS) K.C.K.

20. FILED 8/20, 1936 M M Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 30th, 1936, to Aug 19, 1936

I last saw him alive on Aug 18th, 1936. Death is said to have occurred on the date stated above, at 3:45 m A. M.

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

	Date of onset
Generalized Arterio-Sclerosis and Senility	
Hypostatic Pneumonia	

Other contributory causes of importance:

97

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) L. T. Russeland, M. D.

(Address) Kansas City, Kansas

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.

Dr. Nisselrode
Huron -