NOV 16 1936

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

Do not use this space.

File No. 37761

Registered No. 66-[illegible]

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1047
City: Kansas City (No. General Hospital St. Ward)

2. FULL NAME: Olaf R. Olson
(a) Residence, No. 600 E-36th 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. 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: Madge Richard Olson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-2-1862

7. AGE: Years 74 Months 9 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.: Iron Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Standard Steel 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) (STATE OR COUNTRY): Knoxville Tenn

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

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

17. INFORMANT (ADDRESS): Mrs Louis J Smith 600 E-36th

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Moriah DATE: Oct-20 1936

19. UNDERTAKER (ADDRESS): H W Merriam Sons Kansas City Mo

20. FILED: Oct 19 1936 M. M. Osborn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct-17 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1936, 19..., to Oct 17 1936, 19...
I last saw h... alive on ..., 19..... Death is said to have occurred on the date stated above, at 8:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intermittent hemorrhage	
Chronic myocarditis	
Chronic Bronchitis	

Other contributory causes of importance:

Name of operation ..... Date of ...
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 17 1936
Where did injury occur? 36th & Gillham Kansas City
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Street
Manner of injury: Struck by auto car
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]

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.

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