

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.

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph, Mo.(No. Missouri Methodist Hospital)File No. 11242Registered No. 353

St. _____ Ward _____

2. FULL NAME

Edward Paul Olson(a) Residence, No. 2901 Monterey St., _____ St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? 55 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Fan B. Olson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>11</u>	<u>10</u>	

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Retired Grading9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Contractor10. Date deceased last worked at
this occupation (month and
year) 1926 11. Total time (years)
spent in this
occupation 2012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Bohus Lan. Sweden13. NAME Olaus Peterson Olson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unk. Sweden15. MAIDEN NAME Beata Hanson16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unk. Sweden17. INFORMANT Mrs. Fan B. Olson
(ADDRESS) 2901 Monterey St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Auburn Cem. DATE Mar. 19, 193719. UNDERTAKER Harro Meischolfer
(ADDRESS) 1302 Paragon St. St. Joseph, Mo.20. FILED 3/19 1937 H. J. Nestlebusch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 193722. I HEREBY CERTIFY, That I attended deceased from
Sept. 6, 1934, to Mar. 17, 1937I last saw him alive on Mar. 16, 1937. Death is said
to have occurred on the date stated above, at 2901.

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

Pulmonary edema.
Congestive heart failure
Suppurative pneumonia
B. meningitidis pneumonia

Date of onset

Mar. 311. 12.Mar. 16.Mar. 15.

Other contributory causes of importance:

Arteriosclerosis.
Myocarditis Chronica
Tubercular Cholecystitis (Prostate)
Chronic Cholecystitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) H. S. Caswell, M. D.(Address) Kirkpatrick Bldg. St. Joseph, Mo.

8-10-1941

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