

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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1602
 City Kansas City (No. 3803, Penn. _____, St. _____, Ward _____)

File No. 15109
 Registered No. 1055

2. FULL NAME Laurine Olsen
 (a) Residence, No. 3803 Penn. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 32 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Christian Olsen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
85 10 15

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

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

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) Denmark

MOTHER FATHER 13. NAME Daniel Demgaard

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

15. MAIDEN NAME Abalana Max

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

17. INFORMANT Leota Olsen
 (ADDRESS) 3803 Penn

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Moriah DATE April 7 1937

19. UNDERTAKER Gates Funeral Home
 (ADDRESS) Kansas City, Kansas

20. FILED Apr 6 3 11 M Gross
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2 1937, to April 5 1937
 I last saw her alive on April 5 1937. Death is said to have occurred on the date stated above, at 1:30 p. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Sudden
8201
 Other contributory causes of importance:
Stroke
Hypertension — 1937

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) F. C. H. H. H. M. D.
 (Address) 624 Argonne Blvd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Lamar

Professional Bldg.

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