

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....Jackson..... Registration District No.....  
Township.....Kaw..... Primary Registration District No.....  
City.....Kansas City..... (No. 1030 Norton)..... St. .... Ward)

File No. 33185  
Registered No. 3630

2. FULL NAME Mrs. Matilda Erickson

(a) Residence, No. 1030 Norton St., ..... Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nels Erickson</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 24, 1867</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>69</u>	<u>69</u>	<u>8</u>	<u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			If LESS than 1 day, .....hrs. or .....min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.....	
10. Data deceased last worked at this occupation (month and year).....			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wermeland Sweden</u>			
13. NAME <u>Peter Yonson</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>			
15. MAIDEN NAME <u>Anna Sigfridson</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>			
17. INFORMANT <u>E. J. Peterson</u> (ADDRESS) <u>6533 E. 56th</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>Sept. 7, 1937</u>			
19. UNDERTAKER <u>D. W. Newcomer's Sons</u> (ADDRESS)			
20. FILED <u>9/6 1937 M. M. Browne</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1937 to Sept. 3, 1937  
I last saw him alive on Sept. 1, 1937 Death is said to have occurred on the date stated above, at 1:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis  
Other contributory causes of importance: 2 3  
General Debility  
Senility

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) Dr. Frank E. Ray M. D.  
(Address) 4316 89th

*Handwritten signature/initials*

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.

W. E. Woodruff

620 Bennington