

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

Do not use this space.

NOV 18 1937
1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1602
City Trinity Lutheran Hosp. (No. Trinity Lutheran Hosp.) St. _____ Ward _____
2. FULL NAME Mrs. Mathilda Olsen
(a) Residence, No. 3008 Baltimore 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.

36904

File No. _____
Registered No. 20323
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OF RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas Olsen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 1865</u>				
7. AGE YEARS <u>72</u>	MONTHS <u>3</u>	DAYS <u>90</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Sweden</u>				
FATHER	13. NAME <u>Carlson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>			
MOTHER	15. MAIDEN NAME <u>Charlotte Anderson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>			
17. INFORMANT (ADDRESS) <u>Mrs Ella Bayne 8237 E. 7.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Oct 28 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Gates Funeral Home 15 E. 15</u>				
20. FILED <u>Oct 27 1937 M. M. Crowe Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1937 to Oct 26 1937

I last saw her alive on Oct 26 1937. Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 29th
Cardiac Failure 25th
66 B
Other contributory causes of importance:
Toxic Gastritis 20yr
myocarditis 57th

Name of operation _____ Date of _____
What test confirmed diagnosis Physical 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? No
If so, specify _____
(Signed) Carl W. Lindquist, M. D.
(Address) 709 P. 2 Bldg 1

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.

