

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

Do not use this space.

1. PLACE OF DEATH

County Knoff
 Township Shelton
 City (No.)

Registration District No. 1029
 Primary Registration District No. 2602

File No. 879 9565
 Registered No. 89
 St. Ward

2. FULL NAME

Infant son of R. N. Oliver

(a) Residence. No. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/8-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoff Co. Mo.

10. NAME OF FATHER R. N. Oliver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Denver, Colo.

12. MAIDEN NAME OF MOTHER Heddy Doyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Knoff Co. Mo.

14. INFORMANT (Address) R. N. Oliver
Shelton, Mo.

15. FILED 4/1 19 28 Mattie Howerton
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/14 19 28

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1928, to March 14, 1928 that I last saw him alive on March 14, 1928, and that death occurred, on the date stated above, at 11 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Petroleum Monometrum

16/13/160 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 160 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At home

DID AN OPERATION PRECEDE DEATH? None DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) C. E. Gibson, M. D.

, 19 (Address) North St. Mo.

*State the DISEASE CAUSING DEATH, or (in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Locust Hill 3/15 19 28

20. UNDERTAKER ADDRESS
J. R. Easley Brookline, Mo.

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.

1928

