

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

Do not use this space.

21790

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch

Registration District No. 1123
Primary Registration District No. 3248

File No. _____
Registered No. 187
St. _____ Ward _____

2. FULL NAME

Flora Oliver

(a) Residence. No. 4417 Miami - also 5050 Delmar
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 4 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Wife of H.F. Oliver

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

Dec. 26 1898

7. AGE

YEARS 29

MONTHS 5

DAYS 5

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

T A Wilkerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Sarah Hay

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Tenn.

(STATE OR COUNTRY)

14.

INFORMANT R. Koch Hospital Koch Mo.
(Address) Koch Mo.

15.

June 1, 1928 L. C. Obrock M. D.
FILED _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1928

17. I HEREBY CERTIFY That I attended deceased from Jan. 18, 1928, to June 1, 1928, that I last saw h. SR. alive on June 1, 1928, and that death occurred, on the date stated above, at 2:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A
In Hospital (duration) X yrs. 4 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

Unknown

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) Walter D. Regier, M. D.

6/1/28 (Address) Koch Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE 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

Springfield June 1, 1928
L. W. McLaughlin Missouri

20. UNDERTAKER

ADDRESS

