SEP 25 1928

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

Do not use this space.

27151

1. PLACE OF DEATH
County Iron. Registration District No. 392 File No.
Township Arcadia Primary Registration District No. 4231 Registered No. 15
City Pilot Knob (No. ..... St. ..... Ward)

2. FULL NAME Jesse Markham Olive
(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) Oct 31-1927

7. AGE YEARS — MONTHS 9 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pilot Knob.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Walter Olive
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) St. Francis County, Mo
12. MAIDEN NAME OF MOTHER Florence Spitzmiller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Iron County Mo.

14. INFORMANT Mrs Kate Miller.
(Address) Pilot Knob. Mo.

15. FILED 8-27, 1928 L. J. Effinger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 26 1928.

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Aug 26, 1928 that I last saw him alive on Aug 26, 1928, and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
1198
1130
(duration) yrs. mos. 10 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edward L. G. Barnhouse M. D
8-27, 1928 (Address) Ironton 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 K of P. Cemetery Ironton. Mo
DATE OF BURIAL Aug 27 1928

20. UNDERTAKER H. Rickle
ADDRESS Ironton 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.

...THIS IS A PERMANENT RECORD

AUG 18 1955