JAN 22 1929

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

Do not use this space.

39681

1. PLACE OF DEATH
County Callaway
Township Fulton
City ..... (No. ..... St. ..... Ward)
Registration District No. 104
Primary Registration District No. 5153
File No. .....
Registered No. 2250

2. FULL NAME Henry Nelson 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: Male
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 Hattie Oliver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18 1862

7. AGE: 76 YEARS, 2 MONTHS, 19 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ~~Dont Know~~
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT Jim Oliver
(Address) R.F.D. Fulton Mo

15. FILED Dec 11 1928 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

6

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/7 1928

17. I HEREBY CERTIFY, That I attended deceased from September 17, 1928, to Dec. 7th, 1928, that I last saw him alive on Dec. 7th, 1928, and that death occurred, on the date stated above, at 10:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, pericarditis.
Following retention due to enlarged prostate, and hypertention.
Uremic toxemia. (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Prostatitis, hypertention.
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? P.E.
(Signed) [illegible], M.D.
, 19 (Address) Fulton 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: Central Christian Church
DATE OF BURIAL: 12/9 1928

20. UNDERTAKER: Herndon Taylor
ADDRESS: Fulton 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.