

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

Do not use this space.

10980

1. PLACE OF DEATH  
 County Dade Registration District No. 237  
 Township Greenfield Primary Registration District No. 4147  
 City Greenfield (No. ....) St. .... Ward ....

2. FULL NAME Margaret Melissa Oldham  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5. ~~HUSBAND~~ ~~OR~~ ~~(OR)~~ WIFE OF Mansfield Oldham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17-1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 1 17

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) None  
 (c) Name of employer

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 4, 1929, that I last saw her alive on March 3, 1929, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza + heart disease  
95 (duration) yrs. mos. da.  
11 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 9008  
 (duration) yrs. mos. da.

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

8. DID AN OPERATION PRECEDE DEATH? DATE OF  
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Geo. J. Wier, M. D.  
 , 19 (Address) Greenfield 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.

9. BIRTHPLACE (CITY OR TOWN) unknown  
 (STATE OR COUNTRY) Alabama

10. NAME OF FATHER Frederick Daughtrey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Georgia

12. MAIDEN NAME OF MOTHER Elizabeth Bailey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
 (STATE OR COUNTRY) Alabama

14. INFORMANT Joe Daughtrey  
 (Address) Greenfield Mo

15. FILED 3-30-1929 E. B. Bell  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oldham Family Cem DATE OF BURIAL Mar 6 1929

20. UNDERTAKER Harrison Funeral Home ADDRESS Greenfield 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.

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