

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

Do not use this space.
24469

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. _____
 Township Independence Primary Registration District No. 3019 Registered No. 275
 City Independence (No. July Sanitarium) St. _____ Ward _____

2. FULL NAME

(a) Residence No. Lawrence Kan 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 <u>Female</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas W. Oldham</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 22 - 1882</u>				
7. AGE	YEARS <u>46</u>	MONTHS <u>9</u>	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9. BIRTHPLACE (CITY OR TOWN) <u>Marshall</u> (STATE OR COUNTRY) <u>Mo.</u>				
PARENTS	10. NAME OF FATHER <u>John Scott</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Went.</u> (STATE OR COUNTRY) <u>Know.</u>			
	12. MAIDEN NAME OF MOTHER <u>11</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____			
14. INFORMANT <u>Chas. W. Oldham</u> (Address) <u>Lawrence Kan.</u>				
15. FILED <u>7-31-29</u> <u>F L Cook</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1929

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1929, to July 29, 1929 that I last saw him alive on July 28, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-vascular - renal
decompensation
 (duration) _____ yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Arteriosclerotic aorta with
hypertensive heart (duration) _____ 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? clinical
 (Signed) W. Allen, M. D.
7-31-29 Address Independence

*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 <u>Mt Wash Cem.</u>	DATE OF BURIAL <u>July 31 1929</u>
20. UNDERTAKER <u>Off & Mitchell</u>	ADDRESS <u>Indy Mo</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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