

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

Do not use this space.

28484

1. PLACE OF DEATH

County Chester
Township Shayer
City Shayer No. _____

Registration District No. 632
Primary Registration District No. 4882

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

2. FULL NAME

Oliver Perry Palmer

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 1 25

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT A. L. Carr
(Address) Shayer Mo

15. FILED 8/10 1929 C. Shea
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-6-1929

17. I HEREBY CERTIFY, That I attended deceased from May 10 1929, to Aug 6 1929 that I last saw him alive on Aug 5 1929, and that death occurred, on the date stated above, at 1200 West

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Proso Abscess

18. WHERE WAS DISEASE CONTRACTED 26
IF NOT AT PLACE OF DEATH _____
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 34
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1
IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS 90.0000 M. D. 8/10 1929 (Address) Shayer 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 Shayer Cemetery DATE OF BURIAL 8/8-29

20. UNDERTAKER A. L. Carr ADDRESS Shayer Mo

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.

75-6-1929
6-130
31

FEB 18 1957