

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.

Do not use this space.

MAR 25 1930

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

4411

1. PLACE OF DEATH
 County Clay Registration District No. 201
 Township Liberty Primary Registration District No. 3012
 City Liberty (No.) St. Ward

2. FULL NAME Nathaniel Russell Oldham
 (a) Residence No. Liberty Mo. 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.

File No.
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 29-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 9

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8-1930
 17. I HEREBY CERTIFY, That I attended deceased from 1929, to Feb. 8, 1930, that I last saw him alive on Feb. 7, 1930, and that death occurred, on the date stated above, at 1 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bright Disease
131
10 years (duration) yrs. mos. ds.
 CONTRIBUTORY, Mitral insufficiency (SECONDARY)
15 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 1290
 IF NOT AT PLACE OF DEATH

9. BIRTHPLACE (CITY OR TOWN) Hellmire
 (STATE OR COUNTRY) Ind.

DID AN OPERATION PRECEDE DEATH? no DATE OF

10. NAME OF FATHER James S. Oldham

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS urin test

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

(Signed) R. B. Severn, M. D.
2-11-1930 (Address) Liberty Mo

12. MAIDEN NAME OF MOTHER Anna Neale

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

*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.

14. INFORMANT Mrs. Harry Thompson
 (Address) Liberty Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Little Home Liberty Mo. DATE OF BURIAL 2/10/1930

15. FILED 3/10/30 W. S. Goodson
 REGISTRAR

20. UNDERTAKER Church-Archer Co Liberty Mo
 ADDRESS

