

MAY 27 1930

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

Do not use this space.

13361

1. PLACE OF DEATH

County MississippiRegistration District No. 566Township SpringfieldPrimary Registration District No. 3030City Charleston (No.)

File No.

Registered No. 39

St. Ward)

2. FULL NAME

Robert Lee 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 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

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

Annie Oliver

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

Feb. 6th, 1855

7. AGE

YEARS
75MONTHS
2DAYS
29

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Justice of the Peace

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Fulton

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

James Oliver

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Ky.

12. MAIDEN NAME OF MOTHER

Nancy Proxgton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Ky.

14.

INFORMANT

(Address)

Robert L. Oliver Jr
Charleston Mo

15.

Date

June 24th 1930
F. D. Bernan

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3:30 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/27 1930

17.

I HEREBY CERTIFY, That I attended deceased from FEBRUARY 20, 1930, to APRIL 23, 1930 that I last saw him alive on APRIL 20, 1930, and that death occurred, on the date stated above, at 3:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

ARTERIO-SCLEROSIS97 (duration) 3 yrs. 1 mos. 1 ds.CONTRIBUTORY HYPERTROPHIED PROS-

(SECONDARY)

TATE (duration) 1 yrs. 6 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? NO DATE OFWAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS

CLINICAL SYMPTOMS(Signed) A. W. Chapman, M. D., 19 (Address) Chariton, 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

DATE OF BURIAL

I. O. O. F.4/25 1930

20. UNDERTAKER

ADDRESS

Laer Med. Co. Charleston, 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.

Mr. Chas