JUN 7 1930

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

Do not use this space.

17257

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township CARONDELET — Primary Registration District No. 8248 B — Registered No. 159

City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME William H. Oxendine.

(a) Residence. No. Cherryville, 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 un yrs. kn mos. own ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
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 Mrs. Nona Oxendine.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6, 1897

7. AGE: Years 32 | Months 9 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Unavailable.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.
12. MAIDEN NAME OF MOTHER Unavailable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable.

14. INFORMANT C. H. Smith, Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo

15. FILED 5-23, 1930 L. C. Obrod REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22, 1930. 19

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1930, 19, to May 22, 1930, 19, that I last saw him alive on May 22, 1930, 19, and that death occurred, on the date stated above, at 10:35 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, Pulmonary, chronic. Far Advanced, active.
2 3 H

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF.

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory Findings

(Signed) W. C. Gibson, Medical Officer In Chg. M.D.
, 19 (Address) U.S. Veterans Hospital, Jefferson Barracks, 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 Steelville Mo — DATE OF BURIAL 5-25 1930

20. UNDERTAKER Alexander Sons — ADDRESS 6175 Delmar

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.

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