

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

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23256

PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 2012
 City Jasper (No.) St. Ward
 2. FULL NAME Amanda G Oxford
 (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 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Oxford
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25 - 1891
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
37 9 10
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas
 10. NAME OF FATHER Bert Evans
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 12. MAIDEN NAME OF MOTHER Mrs Anderson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 14. INFORMANT Arthur Oxford
 (Address) Jasper Mo
 15. FILED 7/6 30 Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-4-30
 17. I HEREBY CERTIFY, That I attended deceased from March 22, 1930 to July 4, 1930 that I last saw h..... alive on July 4, 1930 and that death occurred, on the date stated above, at 1:15 9 m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of uterus
18 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 8 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) W S Loveland M. D.
75 30 (Address) Jasper 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 Fairview DATE OF BURIAL 7/7/30
 20. UNDERTAKER Loveland Co ADDRESS Jasper 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.

2019

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V. S. No. 2.

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Handwritten notes at the bottom right of the page, appearing as a vertical column of text.