

DEC 22 1930

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

Do not use this space.

36510

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City Independence (No.)

Registration District No. 409
Primary Registration District No. 33680

File No. 30
Registered No.
St. Ward)

2. FULL NAME Mrs. Phyllis Lee Oliver

(a) Residence. No. 2 Hill Road Independence 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 Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 7 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 20

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

9. BIRTHPLACE (CITY OR TOWN) Camden, Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Stephen McCulane

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no record

12. MAIDEN NAME OF MOTHER Mary Jane

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

14. INFORMANT Mrs. H. W. Suddley (Address) Paula, Okla.

15. FILED 11/29/30 W. J. G. G. G. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 11/27/30, 19... to 11/27/30, 19... that I last saw him alive on 11/27/30, 19... and that death occurred, on the date stated above, at 9 - 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical (Signed) W. J. G. G. G. M. D.

11-28-1930 (Address) Jefferson, 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 Forest Park DATE OF BURIAL Nov. 29 1930

20. UNDERTAKER Frank-Seymour Co. ADDRESS Jefferson Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms. PHYSICIANS should state

