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

Do not use this space.

1934

1. PLACE OF DEATH County Lawrence — Registration District No. 471 — File No. 7
55 Township Pierce — Primary Registration District No. 5634 — Registered No. 4
City Forest Park (No. ..... St. ..... Ward)

2. FULL NAME Oliva E. McCubbin

(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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1 24 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	11	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 2 05
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leann
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm. C. Suttles
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leann - Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lama C. Carney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carney - Mo
(STATE OR COUNTRY)

14. INFORMANT D. L. McCubbin
(Address) Monett, Mo.

15. FILED 2/7 1931 N Ross Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Jan 20, 1931 that I last saw her alive on Jan 20, 1931, and that death occurred, on the date stated above, at 3 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremic pneumonia
131
132 B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Nephritis
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 131
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) T E Hastings, M.D.
, 19 (Address) Monett 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 Leann - Mo — DATE OF BURIAL 1/23 1931

20. UNDERTAKER H. F. Bradford — ADDRESS Monett

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

FEB 19 1931