

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

Do not use this space.

9745

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. 1805 - Home Ave)

Registration District No. 398
Primary Registration District No. 5554

File No. _____
Registered No. 119
St. _____ Ward _____

2. FULL NAME

Oliver Surface

(a) Residence, No. 1805 - Home Ave St. H Ward. _____

Length of residence in city or town where death occurred 45 yrs. 11 mos. 21 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 Mary E. Surface

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant 108

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint & Varnish & Station Business

10. Date deceased last worked at this occupation (month and year) Feb. 21, 1931 11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Indianapolis Ind. ?

13. NAME Wm E Surface

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blacksburg Virg.

15. MAIDEN NAME Maria C St. John

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mary E. Surface 1805 Home Ave Indep. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wove laura DATE Mar. 26 1931

19. UNDERTAKER (ADDRESS) Ott and Mitchell Independence Mo

20. FILED 3 - 24 1931 Ed Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 - 1931, to Mar 22 1931.

I last saw him alive on Mar 21 1931. Death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency Date of onset 3-1-29

92A 92A 93C 92A

Other contributory causes of importance: Chronic Myocarditis 3-1-29

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. N. Hill, M. D.
1103 1/2 Winneb Road, Independence Mo (Address)

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.

APR 23 1931

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

