

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

Do not use this space.

22596

1. PLACE OF DEATH

94 County St. Francois Registration District No. 779
 3 Township Bandalych Primary Registration District No. 6024R
 6 City Desloge (No. _____) St. _____ Ward _____

2. FULL NAME

Mack Lou Oliver
 (a) Residence, No. Desloge Mo St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-15-1930</u>		
7. AGE	YEARS	MONTHS
		<u>9</u>
		<u>9</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Desloge Mo /</u>	
FATHER	13. NAME	<u>Lewis Oliver</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Crawford Mo</u>
MOTHER	15. MAIDEN NAME	<u>Myrtle Skaggs</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Iron Co. Missouri</u>
17. INFORMANT (ADDRESS)	<u>Lewis Oliver Desloge Missouri</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Frank Clay</u>	DATE <u>June 27, 1931</u>
19. UNDERTAKER (ADDRESS)	<u>C. J. Boyer Desloge Mo.</u>	
20. FILED	<u>June 26, 1931</u>	<u>P.P.P.</u>

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6/23, 1931, to 6/25, 1931
 I last saw him alive on 6/24, 1931. Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:
Infection of one hepatic ulcer on anterior portion of neck
11913
15313
 Other contributory causes of importance:
glis white
119
 Name of operation _____ 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
 If so, specify _____
 (Signed) W. L. Duckworth, M. D.
 (Address) Desloge Mo

Date of onset 6/21/31
4/5/31

Registrar.

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.

JUL 28 1931

Herper

100

100

100