

24223-1

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

Do not use this space.

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24223

1. PLACE OF DEATH

County Buchanan
Township Lake
City _____ (No. _____)

Registration District No. 84
Primary Registration District No. 5126
R. F. D. # 7

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

2. FULL NAME Charles Franklin Oxford

(a) Residence, No. R. F. D. #7 St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widowed</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nora Oxford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 29, 1865</u>		
7. AGE	YEARS	MONTHS
	<u>66</u>	<u>1</u>
		DAYS
		<u>12</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Farmer</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) <u>July 11, 1931</u>
	11. Total time (years) spent in this occupation <u>life</u>

12. BIRTHPLACE (CITY OR TOWN) Jamesport
(STATE OR COUNTRY) Missouri

13. NAME John Oxford

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Unknown

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

17. INFORMANT Charles R Oxford
(ADDRESS) 1019 5th Ave., -St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph Cemetery DATE July 14, 1931

19. UNDERTAKER H. O. Schupadin
(ADDRESS) 1802 Union St., St Joseph Mo.

20. FILED 7-14- 1931 L. F. Ringery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4 P m.

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

Angina pectoris
arterio sclerosis
Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis History 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) B. W. Tadlock - Coroner

(Address) 821 Franklin

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.

FEB 23 1932

