

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

Do not use this space.

28271  
3299

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township ..... Primary Registration District No. 8002  
 City Kansas City (No. 1325 Bales) St. .... Ward)

2. FULL NAME Jessie Oliver  
 (a) Residence. No. 1325 Bales St., 12 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. 3 mos. 28 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10 - 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
43 4 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Battery Maker  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Louisville  
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Geo W Oliver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville  
 (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Martha Mullens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisville  
 (STATE OR COUNTRY) Kentucky

14. INFORMANT Matthe Hall  
 (Address) 6325 Bales

15. FILED 8/8 31 19 31 M M Craze  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1931

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1931 to Aug 8, 1931, and that I last saw him alive on Aug 8, 1931, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis (chronic)  
 (duration) yrs. 2 mos. ds.

CONTRIBUTORY Leues  
 (SECONDARY) (duration) 20 yrs. .... mos. .... da.

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

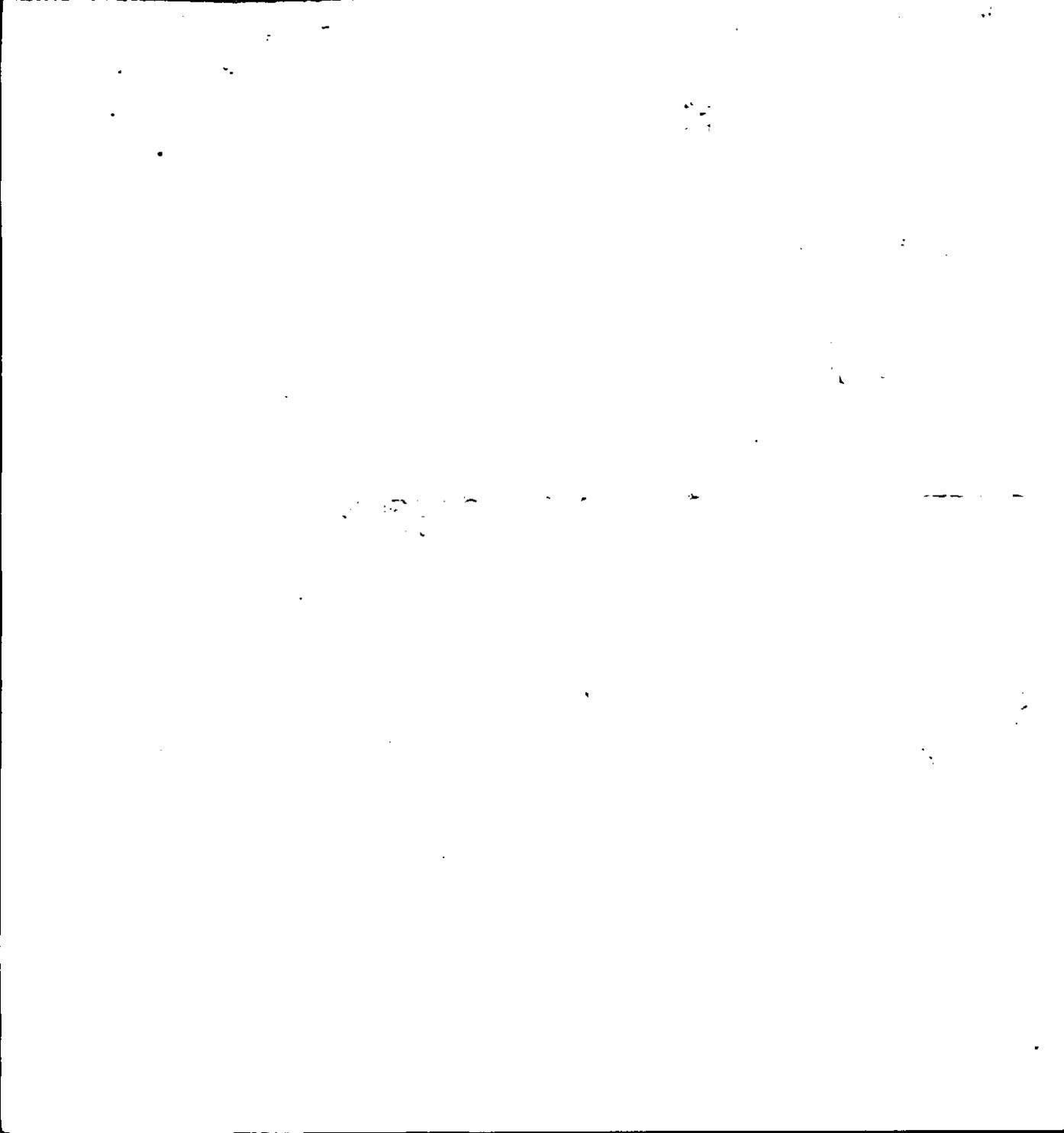
DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS Physical Signs  
 (Signed) Edward S. Pringle  
8/8, 1931 (Address) 607 Argyle Bldg

\*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 Highland Park Cemetery DATE OF BURIAL Aug 10 1931

20. UNDERTAKER Kansas City Kansas ADDRESS Kansas City Kansas



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County ..... Registration District No. 299 File No. ....  
 Township K. City Primary Registration District No. 1002 Registered No. 3399  
 City K. City (No. ....) St. .... Ward .....

**2. FULL NAME**

(a) Residence 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S. (circle the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10 - 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>X</u>	<u>43</u>	<u>X</u>	<u>4</u>	<u>28</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 8/8 31 Sm. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 19 31

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

\*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

REGISTER - WILL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PER

**SUPPLEMENTARY**

5-28271