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

Do not use this space.

719

1. PLACE OF DEATH

39 County Greene Registration District No. 317 File No.

Township Brookline Primary Registration District No. 5441 Registered No.

City (No. St. Ward)

2. FULL NAME Toney L Oliver

(a) Residence. No. 1224 N Sherman St., Ward. Spfg. Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M.	W.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	50	8-7	2-21	

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) 184

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Pat Oliver.

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

12. MAIDEN NAME OF MOTHER Julia Almon

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

14. INFORMANT Mrs. Toney L Oliver
(Address) 1224 N Sherman.

15. FILED 1-4, 1932 T. W. Shover REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2 1932

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw him dead on Jan 3, 1932, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bullet wounds of chest
Homicide
In line of duty
no physician in attendance ds.

CONTRIBUTORY (SECONDARY) 173 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 7 mi SW. Springfield.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes (4)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible] C. Stone, Coron, M. D.

1-4, 1931 (Address) Springfield, 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	DATE OF BURIAL
Hazelwood Cemetery	Jan 4 1932

20. UNDERTAKER	ADDRESS
Floyd W. Fox	Spfg. 629 N Walnut.

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 24 1932