

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townshp. Kaw Primary Registration District No. 1002
 City Kansas City (No. Simpson and Major Sanitarium St. _____ Ward _____)

1103

File No. _____
 Registered No. 141

2. FULL NAME

J.C.B. Oliver
 (a) Residence, No. 5420 Locust St. St. 8 Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 yrs. mos. 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 Ida Oliver
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 9 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman
 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) Kentucky 2

MOTHER 13. NAME Issac C. Oliver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Josephene Sloan

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

17. INFORMANT Mrs. O. Barrett
 (ADDRESS) 5420 Locust St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lawrenceburg, Ky DATE Jan. 15, 1932

19. UNDERTAKER Freeman Mortuary & Chapel
 (ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED Jan 14, 1932 M. M. Lawrence
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1932 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932, to Jan 14th, 1932
 I last saw him alive on Jan 13th, 1932. Death is said to have occurred on the date stated above, at 5:45 a.m.

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

apoplexy (cerebral hemorrhage) Date of onset 1-10-32

82A
97
162

Other contributory causes of importance:
Senile Psychosis with cerebral arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Micro 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? _____

If so, specify _____

(Signed) Herman S. Major, M. D.

(Address) 3100 Euclid Ave

Kansas City, Mo

Dr Major.