

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

Do not use this space.

1388

1. PLACE OF DEATH

County Jefferson
Township Pringle
Subdivision Wasson (No. P.F.D.)

Registration District No. 400
Primary Registration District No. 5553B

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Brunwood 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.

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 May Oliver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman

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) DeKalb mo

13. NAME Wm R. Oliver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Va.

15. MAIDEN NAME Gertrude Withers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ky

17. INFORMANT (ADDRESS) Mrs. May Oliver Brunwood mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cemetery Dearborn mo. DATE 1-19-1932

19. UNDERTAKER (ADDRESS) Fieldy James Co. Lewis & Clark mo.

20. FILED Jan 18 - 1932 William Shields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-32

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Multiple Fractures of Skull and 4th + 5th Cervical Vertebrae, subacute

Other contributory causes of importance: _____

215 A

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. H. ..., M. D. (Address) Judyp. Mo

WRITE 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.

RECEIVED FEB 24 1932

1937-12-16
1870-10-11
11-3-12

1937-12-16
1870-10-11
11-3-12

**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 Wenonah
Township Marie
City (No. _____) _____ St. _____ (Ward) _____

Registration District No. 400
Primary Registration District No. 333-3

File No. _____
Registered No. 11

2. FULL NAME

Idella Oliver

(a) Residence, No. _____ 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 (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS)

20. FILED 1-18- 32 William J. Fields Registrar

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Multiple fracture of skull at 4th & 5th cervical vertebrae & dislocated

Other contributory causes of importance:

Automobile Traumatism

Name of operation 210 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accidental Date of injury 1-16- 1932

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No Collision - driver's

Manner of injury car over an embankment

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. E. King, M. D.

(Address) Independence Mo

SUPPLEMENTARY

WHITELY, W. W. DOING INK--THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be supplied. AGE should be stated EXACTLY. PHYSICIAN, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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