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

Do not use this space.

12360

1. PLACE OF DEATH

43 County Hickory — Registration District No. 361 — File No.

Township Cross Timbers — Primary Registration District No. 5306 — Registered No. 57

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lina Ann Oliver

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

MAY 25 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Female	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo W. Oliver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1 - 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	2	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER Walter Mitchel

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

12. MAIDEN NAME OF MOTHER Parrish

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

14. INFORMANT C. Ke. Oliver
(Address) Cross Timbers

15. Filed Apr 2, 1932 B O Pickett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 1st. 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1932, to Apr. 1, 1932, that I last saw h.e. alive on Mar. 20, 1932, and that death occurred, on the date stated above, at 10.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131 1311
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) No history
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clin.

(Signed) J. Mc Dugalds, M. D.

Apr 1, 1932 (Address) Cross Timbers

*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 Cross Timbers Cem — DATE OF BURIAL Apr 2 1932

20. UNDERTAKER C. A. Little — ADDRESS Cross Timbers

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.

MISSING PERTINENT INFORMATION WITH CHARGING INKSPOTS IS A PERMANENT RECORD