

WRITE CLEARLY, 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.

SEP 23 1932

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

Do not use this space.

26581

1. PLACE OF DEATH
 52 County Knox Registration District No. 441
 Township E. Lyon Primary Registration District No. 56.01A
 City Edina (No. _____) St. _____ Ward _____

2. FULL NAME Ben William Oldfather
 (a) Residence, No. _____ 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. (If nonresident, give city or town and State)

File No. _____
Registered No. 151

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8, 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 4 14
 OCCUPATION
 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) Edina Missouri
 MOTHER
 FATHER
 13. NAME Merle Everett Oldfather
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina Missouri
 MOTHER
 15. MAIDEN NAME Sela Fisher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester 2 Kentucky
 17. INFORMANT (ADDRESS) Herb E. Oldfather
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Edina DATE Aug 23 1932
 19. UNDERTAKER (ADDRESS) J. H. Drumhelt Edina
 20. FILED Aug 23 1932 Mrs. C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1932
 22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1932 to Aug 22, 1932
 I last saw him alive on Aug 21, 1932 dead Aug 22, 1932 Death is said to have occurred on the date stated above, at 5:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Accident hanging
1947 1948
 Other contributory causes of importance _____
 Name of operation None 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 hanging
 Nature of injury accident
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Jas. G. Gentry M. D.
 (Address) Edina

