

WRITE PLAINLY, 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.

Oct 24 1932

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

Do not use this space.

28431

1. PLACE OF DEATH

6 County Barton Registration District No. 1004
Township Richland Primary Registration District No. 5049
City _____ (No. _____) St. _____ Ward _____

File No. 4
Registered No. 4

2. FULL NAME

Vada Sara Oldham

(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 Female 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 Winn Oldham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22-1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 | 3 | 16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Alexandria, Texas

13. NAME J. B. Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fentress County Texas

15. MAIDEN NAME Mathe J. Carter

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

17. INFORMANT (ADDRESS) J. B. Price Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mathe Barnes Cemetery DATE Sept-10-1932

19. UNDERTAKER (ADDRESS) G. F. Donahue Lamar, Missouri

20. FILED Oct 10 1932 Shelton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct-5-1931 to Sept-8-1932

I last saw h. er alive on Sept-8-1932. Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1931

Other contributory causes of importance: 23A 23B

Name of operation at home 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) W. S. Popplewell, M. D.
(Address) Lamar, Mo.

