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.

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

Do not use this space.

File No. 29246

Registered No. 2419

1. PLACE OF DEATH
County Jackson — Registration District No. 395
Township Kaw — Primary Registration District No.
City Kansas City Mo (No. 4502 E 19th 1002 St. Ward)

2. FULL NAME Arthur Maude Oliver
(a) Residence. No. 4502 E-19th St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 27 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20, 1851

7. AGE: Years 81 | Months 0 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Mercer
(STATE OR COUNTRY) Penn

PARENTS
10. NAME OF FATHER John Short
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mercer
(STATE OR COUNTRY) Penn
12. MAIDEN NAME OF MOTHER Gertrude Aurand
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mercer
(STATE OR COUNTRY) Penn

14. INFORMANT F. G. Oliver
(Address) 4507 East 19 st. K.C. Mo.

15. FILED 9/9, 1932 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-9 1932

17. I HEREBY CERTIFY, That I attended deceased from 6-2-, 1931, to 9-9-, 1931 that I last saw h. alive on 9-8-, 1932 and that death occurred, on the date stated above, at 2:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMS DIAGNOSIS?
(Signed) Thomas P. Sawyer, M. D.
, 19 (Address) 1701 Jackson K.C. Mo

*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 Lawrence Kans — DATE OF BURIAL Sept 12 1932
20. UNDERTAKER Plumley Bros — ADDRESS Lawrence Kans