

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

Do not use this space.

14291

1. PLACE OF DEATH

91 County Ripley Registration District No. 75-2
Township Kelly Primary Registration District No. 5484
City (No. _____) St. _____ Ward _____

2. FULL NAME

(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 <u>m.</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jannie Ollar</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21, 1871</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>11</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Farm</u>		
10. Date deceased last worked at this occupation (month, and year) <u>October 1, 1932</u>		11. Total time (years) spent in this occupation <u>lifetime</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co. Missouri</u>		
13. NAME <u>John W Ollar</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Virginia Page</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>S. R. Huppstaller</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19__		
19. UNDERTAKER (ADDRESS) _____		
20. FILED _____ 19__ Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1933

22. I HEREBY CERTIFY, that I attended deceased from October 10, 1932, to April 20, 1933
I last saw him alive on January 18, 1933 Death is said to have occurred on the date stated above, at 8:50 a. m.
The principal cause of death and related causes of importance were as follows:
Hypertrophoma (Cancer)
Uremia

Name of operation Exploratory Date of 11-7-32
What test confirmed diagnosis? Biopsy Was there an autopsy? no

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. E. Williams, M. D.
(Address) Doniphan Mo

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.

WRITE PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 24 1933

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