

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

Do not use this space.

18806

1. PLACE OF DEATH

4 County Cubain Registration District No. Dr. J. Kelly
 4 Township Sullivan Primary Registration District No. 3002
 4 City Mexico, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 87

2. FULL NAME Oliver Leonard Cauterbury

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19-1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 10 19
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Hotel man
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1933
 22. I HEREBY CERTIFY, That I attended deceased from 6-6-, 1933, to 6-7-, 1933
 I last saw him alive on 6-6-, 1933 Death is said to have occurred on the date stated above, at 12 P. m.
 The principal cause of death and related causes of importance were as follows:

52
Carcinoma face
52

Date of onset _____

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? no
 If so, specify _____
 (Signed) Frank Kelley, M. D.
 (Address) Mexico, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cubain Co., Mo.
 13. NAME W.B. Cauterbury
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cubain Co., Mo.
 15. MAIDEN NAME Molly Kemp
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cubain Co., Mo.
 17. INFORMANT (ADDRESS) Jos. Cauterbury
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Mo. DATE June 8, 1933
 19. UNDERTAKER (ADDRESS) Jos. Cauterbury
 20. FILED June 8, 1933 Ina S. Milligan Registrar.

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. JUL 20 1933

