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

Do not use this space.

19973
File No. 2691
Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Blue — Primary Registration District No. 1002
City Kansas City (No. 3318 Monroe St. Ward)

2. FULL NAME Thomas Daniel Oliver

(a) Residence, No. 3318 Monroe St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 21 1848

7. AGE: Years 85 — Months — Days 6 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): W. Va.

FATHER
13. NAME: No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Chas. Oliver 405 N. Oakley, City

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: 6/28-33

19. UNDERTAKER (ADDRESS): Mrs. C. L. Forster 919 Brooklyn ave

20. FILED: June 28, 1933 M. M. Crowe Asst. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 27, 1933

22. I HEREBY CERTIFY That I attended deceased from June 15, 1933, to June 27, 1933
I last saw him alive on June 27, 1933. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephrosclerosis	2 yrs
936	
7	
1	
8	

Other contributory causes of importance: Arteriosclerosis

Name of operation? 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) R. L. St. Clair, M. D.
(Address) 5242 Belleview

Lic. 3769

2-5-pm
5242 St John