

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

Do not use this space.

22482

1. PLACE OF DEATH

14 County Callaway Registration District No. 104
 Township 1 Primary Registration District No. 3508
 9 City Fulton (No. State Hospital No 1) St. _____ Ward _____

File No. _____
 Registered No. 127
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Home City Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Harry R. Oldham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>		
7. AGE YEARS <u>about 53</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk & Housework</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
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) <u>Missouri</u>		
13. NAME <u>Not known</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
17. INFORMANT (ADDRESS) <u>Hospital Records</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unobscured</u> , DATE <u>July 4 - 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. ...</u>		
20. FILED <u>July 2nd 1933</u> <u>D. N. Crease</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1933

22. I HEREBY CERTIFY That I attended deceased from May 28, 1933 to July 2, 1933
 I last saw h. alive on July 2, 1933 Death is said to have occurred on the date stated above, at 8:57 A.M.
 The principal cause of death and related causes of importance were as follows:
General paralysis of the insane.
Heat prostration
 Date of onset 1905

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? _____
 If so, specify _____
 (Signed) R. G. ..., M. D.
 (Address) Fulton Mo.

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.

AUG 2 2 1933

MAILED AND RESERVED FOR ARCHIVE

V. W. NO. 2

