

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

Do not use this space.

**1. PLACE OF DEATH**

59. County Holt Registration District No. 443  
 Township Jay Primary Registration District No. 4261  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **23571**

Registered No. \_\_\_\_\_

**2. FULL NAME**

Mrs Ella Oliver  
 (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sherman Oliver  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12, 1873  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 5 3  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co., Mo.

10. NAME OF FATHER Conradine Co.  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
 12. MAIDEN NAME OF MOTHER Collins  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Sherman Oliver  
 (Address) La Plata, Mo.

15. FILED July 13 1933 J. B. Easley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1933  
 17. HEREBY CERTIFY, That I attended deceased from July 11 1933 to July 15 1933 that I last saw h. or alive on July 13 1933, and that death occurred, on the date stated above, at 7 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Broncho pneumonia (duration) 1006 yrs. mos. ds. 13 1/2

CONTRIBUTORY (SECONDARY) Psychotic (duration) yrs. mos. ds. 7

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) Eleanor Beamer, M. D.  
7/17 1933 (Address) Gibbs, 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 Locust Hill DATE OF BURIAL 7/17 1933

20. UNDERTAKER J. P. Easley ADDRESS Boonville

WHITE COPY, 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.

SEP 26 1933

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mo

