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

Do not use this space.
29723

1. PLACE OF DEATH
County: Jackson
Township: Raw
City: Kc mo (No. 1613 E. 23rd St. Ward)
Registration District No.: 399
Primary Registration District No.: 399
File No.:
Registered No.: 3648

2. FULL NAME: Cynthia Oliver
(a) Residence, No. 1613 E. 23rd 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.

OCT 20 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 12-1872
7. AGE: Years 61 Months 7 Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Little Rock Ark

FATHER
13. NAME: Cicero Holmes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenville Miss

MOTHER
15. MAIDEN NAME: Rachell Marshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenville Miss

17. INFORMANT: Jesse M Oliver
(ADDRESS) 1613 E 23rd
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Ridge DATE: 9/14 1933
19. UNDERTAKER: Boyle Bros
(ADDRESS) 1708 Tracy
20. FILED: Oct 14 1933 M. M. Conroe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 12th 1933
22. I HEREBY CERTIFY, That I attended deceased from to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
(Selerosis)	
Chronic hypertrophy of the heart	

Other contributory causes of importance:
94 E 110 93 C

Name of operation: Date of
What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

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) M.D.
(Address)

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