

22 Jan

JAN 26 1934

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

Do not use this space.

39102

1. PLACE OF DEATH
 7 County Bates Registration District No. 53
 6 Township Osage Primary Registration District No. 3005
 6 City Rich Hill (No. _____) St. _____ Ward _____

2. FULL NAME Amelia Olive
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>79</u>		<u>11</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
 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) Navasentia

13. NAME Joan Milburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Kansas

15. MAIDEN NAME West Kansas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Kansas

17. INFORMANT (ADDRESS) Nellie Wedle Rich Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Baltimore DATE 12-22-33

19. UNDERTAKER (ADDRESS) Booth & Bingham Rich Hill Mo

20. FILED Jan 19 1934 James J. Allen Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1933, to Dec 20, 1933
 I last saw her alive on 12-20, 1933 Death is said to have occurred on the date stated above, at 6:55 m.
 The principal cause of death and related causes of importance were as follows:
108 - 108 - 108
 Date of onset _____

Other contributory causes of importance _____

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) [Signature] M. D.
 (Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[The remainder of the page contains extremely faint and illegible text, likely a legal document or contract, with some scattered characters and noise.]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wates

Registration District No. 53

Township Rich Hill

Primary Registration District No. 3005

City Rich Hill No. _____

File No. _____
Registered No. 52
St. _____ Ward _____

2. FULL NAME

Mrs. Amelia Olive

(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) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day _____ hrs. or _____ min.

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

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19 _____

Daniel Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20/1933

22. I HEREBY CERTIFY That I attended deceased from Dec. 3rd. 1933 to Dec. 20th. 1933, 19____
I last saw him/her alive on Dec. 20th. 1933, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset _____

Other contributory causes of importance: _____

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. R. Shafer, M. D.

(Address) Rich Hill, Missouri.

SUPPLEMENTARY 108

PHYSICIANS should state CAUSE OF DEATH if known. If not known, state "Cause of death unknown." Every item of information should be given. It may be necessary to refer to the medical records. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFYING. ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. PHYSICIANS ARE COMPULSORILY PRESCRIBED BY LAW.

