

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.

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

Do not use this space.

MAR 24 1934

7630

1. PLACE OF DEATH

County *Wright*  
Township *Brush Creek*  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. *906*  
Primary Registration District No. *6218*

File No. \_\_\_\_\_  
Registered No. *4*

2. FULL NAME

*Margie Lucille Oliver*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred *lyrs.* 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

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *child*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 5 1926*  
7. AGE YEARS *7* MONTHS *5* DAYS *26* 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) *Hartsville Mo*

13. NAME *John L Oliver*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hartsville Mo*

15. MAIDEN NAME *Fay Ruth Gregory*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hartsville Mo*

17. INFORMANT *Lzora Gregory* (ADDRESS) *Hartsville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bethel* DATE *2/5 1934*

19. UNDERTAKER *Gene Holden* (ADDRESS) *Hartsville Mo*

20. FILED *12* 19 *34* *Carlyne Ellis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 1st 1934*

I HEREBY CERTIFY, That I attended deceased from *Jan 29th 1934* to *Feb 1st 1934*. I last saw him alive on *Feb 1st 1934*. Death is said to have occurred on the date stated above, at *5 P* m.

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

*Lobar Pneumonia* Date of onset *10/8*  
Other contributory causes of importance: *10/8*

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? *No*  
If so, specify \_\_\_\_\_  
(Signed) *J. M. Murrell* M. D.  
(Address) *Hartsville Mo*

