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.

APR 25 1934

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

Do not use this space.

9208

File No. 1107

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 389
Primary Registration District No. 0002
(No. K. C. General Hospt St. Ward)

2. FULL NAME Pascal Wm. Oldham
(a) Residence, No. 3818 E. 59th 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lera M. Oldham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1855
7. AGE YEARS 78 MONTHS 9 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5826 Swope Park Way
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) Hickman Mills Mo.

FATHER
13. NAME Flem B. Oldham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Evaline Whitsett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Lera M. Oldham 3818 E. 59th
18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn Co DATE 3-31 1934
19. UNDERTAKER (ADDRESS) Eylar Funeral Home K. C. Mo.
20. FILED Mch 29 1934 M. M. Crowe Ass. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28/34 19
22. I HEREBY CERTIFY, that I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 3:50 A m.
The principal cause of death and related causes of importance were as follows:
Gunshot wound of the head.
Date of onset
Other contributory causes of importance:
No
Name of operation Autopsy Date of
What test confirmed diagnosis? 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 3/27/34
Where did injury occur? 38th & Singer Parkway Kan
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Shot Name by firearms
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M.D.
(Address) [signature]

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