

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.

67

A. Polwing

30 1934

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

Do not use this space.

13609
55

1. PLACE OF DEATH
County Missouri Registration District No. 8-21-562
Township Jay Primary Registration District No. 6-0-7-0
City Charleston (No. 5-7-62) St. _____ Ward _____

2. FULL NAME Fred Eugene Oliver
(a) Residence, No. RFD #2 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Augusta Oliver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>near 1877</u>		
7. AGE <u>near 57</u>	YEARS	MONTHS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		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) <u>Unknown Missouri</u>		
13. NAME <u>Charley Oliver</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Audergore Davis</u> (ADDRESS) <u>RFD #2 Charleston Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Charleston Mo.</u> DATE <u>4/21/34</u>		
19. UNDERTAKER <u>Frank Lay Funeral Service</u> (ADDRESS) <u>Charleston Mo.</u>		
20. FILED <u>5-4</u> 19 <u>34</u> <u>Thalfer & Davis</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1934 10:30 P.M.

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1934 to Apr 20 1934
I last saw h. M alive on Apr 20 1934 Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cardiovascular Renal disease Date of onset D.K.
131 75 62
Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? U. Synopt. & urin analysis (Was there an autopsy?) no

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) E. Ches Polwing M. D.
(Address) Charleston Mo.

2

31

31

