

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

Do not use this space.

24685

1. PLACE OF DEATH
 County Jackson Registration District No. 33
 Township Frank Primary Registration District No. 10113
 City Ganers City (No. Ed Coroner's Ambulance) St. _____ Ward _____

2. FULL NAME John Oaks
 (a) Residence, No. 2552 Charlotte St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. Ed 10113
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Luella Oaks
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 9 0

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Luella Oaks
2552 Charlotte

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE July 23, 1934

19. UNDERTAKER (ADDRESS) at St. Mary's Hospital
2111 E. 4th St. St. Louis, Mo.

20. FILED 7-21, 1934 am Mc Crow
and Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) 7/19/34, 19____
 22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____.
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and relative causes of importance were as follows:
that Prostration Date of onset _____

191
 1911
 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 cause (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 house, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury, and its relation to occupation of deceased? _____
 If so, specify _____
 (Signed) [Signature], M. D.
 (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 important.

JUL 29 1934

