

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

Do not use this space.

7846

1. PLACE OF DEATH **APR 2 1935**

County **Vernon**

Registration District No. **875**

File No. _____

Township _____

Primary Registration District No. **3039**

Registered No. **42**

City **Nevada** (No. _____ St. _____ Ward _____)

2. FULL NAME **Lena Oliver**

(a) Residence, No. **405 East Walnut** 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frank Oliver**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 2, 1852**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
82 10 17

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

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) **Seymour** (STATE OR COUNTRY) **Ind.**

13. NAME **George Deppert**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) _____

15. MAIDEN NAME **Dora Schiller**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) _____

17. INFORMANT **Mrs. Henry Leblin** (ADDRESS) **Nevada, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Newton Burial Park** DATE **2/21** 19**35**

19. UNDERTAKER **Eichinger Funeral Home** (ADDRESS) **Nevada, Mo.**

20. FILED **2/21** 19**35** **M. Eichinger** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 19 1935**

22. I HEREBY CERTIFY That I attended deceased from **Feb 15 1935** to **Feb 19 1935**

I last saw **her** alive on **Feb 19 1935**. Death is said to have occurred on the date stated above, at **3:30** m.

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

Cerebral hemorrhage Date of onset _____

Other contributory causes of importance: **arteriosclerosis**

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. H. Galt**, M. D.

(Address) **Nevada Mo**

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.

