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

JUN 5 1935

Do not use this space.

15382

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 77

City ~~Nevada~~ (No. , St. Ward)

2. FULL NAME Oldham, Middie

(a) Residence, No. State Hospital No 3 Nevada Mo 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. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Richard Oldham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7, 1864

7. AGE: YEARS 70 — MONTHS 11 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Boonville, Mo

FATHER

13. NAME: John Brookshire
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Nancy Cole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County, Mo

17. INFORMANT (ADDRESS): Susie Wilhite, Baxter Springs, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miami Okla DATE April 14 1935

19. UNDERTAKER (ADDRESS): Ferry Funeral Home, Nevada, Mo

20. FILED April 14 1935 M. Eichinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1935, to April 13, 1935

I last saw her alive on April 13, 1935. Death is said to have occurred on the date stated above, at 11 35 p.m.

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

Acute myocardial failure

Date of onset

59

Other contributory causes of importance: Diabetes mellitus.

Name of operation: None — Date of

What test confirmed diagnosis? None — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No — 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: None

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Roy N. Pearse Jr., M. D.

(Address) State Hosp. No 3, Nevada, Mo.