

JUN 25 1935

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

Do not use this space.

17158

1. PLACE OF DEATH

County Mercur
Township Morgan
City Princeton (No.)

Registration District No. 556
Primary Registration District No. 4328

File No.
Registered No. 26 St. Ward)

2. FULL NAME Johnnie Oliver

(a) Residence, No. 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 Thelma Oliver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 10 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operator

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) Princeton, Mo

13. NAME Tom Oliver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Mo

15. MAIDEN NAME Beverage

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Mo

17. INFORMANT (ADDRESS) Thelma Oliver Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE May 11, 1935

19. UNDERTAKER (ADDRESS) Ward Mass Princeton Mo

20. FILED 5/11 1935 JM Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935, to May 10, 1935

I last saw him alive on May 10, 1935. Death is said to have occurred on the date stated above, at 11 p. m.

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

Cerebral hemorrhage -
lived about 2 1/2 hours Date of onset 5/10/35

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Phys. findings 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? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury non
Nature of injury

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

(Signed) AS Priest, M. D.
(Address) Princeton, 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.

THIS IS A PERMANENT RECORD

