

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 very important.

AUG 6 1935

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

Do not use this space.

23983

1. PLACE OF DEATH
 County **Pettis** Registration District No. **665**
 Township _____ Primary Registration District No. **3032**
 City **Sedalia** (No. **635** E., **10th** St. _____ Ward)

2. FULL NAME **Arthur Ewing Oldham**
 (a) Residence, No. **635 E 10th.** 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 **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 **Katharine Oldham**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 10 1870**

7. AGE YEARS **64** MONTHS **9** DAYS **23** If LESS than 1 day, _____ hrs. or _____ min.

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

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) **Kan. City Mo**

13. NAME **Thomas Oldham**

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

15. MAIDEN NAME **Laura Fletcher**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **DK**

17. INFORMANT **Mrs. A. E. Oldham** (ADDRESS) **Sedalia Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mem. Park** DATE **July 5 1935**

19. UNDERTAKER **Gillespie Funeral Home** (ADDRESS) **Sedalia Mo.**

20. FILED **July 5 1935** **Flora Slack** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 3/35** 19__

22. I HEREBY CERTIFY, That I attended deceased from **July 2** 19__ to **July 3** 19__
 I last saw him alive on **July 2** 19__ Death is said to have occurred on the date stated above, at **2:30 P.m.**
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
 Other contributory causes of importance: **arteriosclerosis**

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) **Chas. W. Hill** M. D.
 (Address) **Sedalia Mo.**

