

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

Do not use this space.

AUG 14 1935

26076

1. PLACE OF DEATH
 35 County Deerfield Registration District No. 288
 Township Ind. 1st Primary Registration District No. 5406
 City Deerfield (No. _____) St. _____ Ward _____

2. FULL NAME Arvis Glenn Oakley
 (a) Residence, No. 207 Randall St., 1 Ward. (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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		<u>11</u>	<u>11</u>	

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

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) Ind

FATHER

13. NAME Walter Oakley

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

MOTHER

15. MAIDEN NAME Gladys Corntis

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

17. INFORMANT Floyd Corntis
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Hazel Cem
PLACE Hazel Cem DATE 8-6-35 1935

19. UNDERTAKER Franklin
(ADDRESS) _____

20. FILED Aug 7 1935 Thurley Davis
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1-1935, 19____, to Aug 3, 1935
 I last saw him alive on Aug 3, 1935 Death is said to have occurred on the date stated above, at 11 A. M.
 The principal cause of death and related causes of importance were as follows:
Intens Coelestis Date of onset July 20

Intens Coelestis

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 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? _____
 If so, specify _____
 (Signed) A. W. Russell, M. D.
 (Address) Deerfield Ind

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.

