

OCT 25 1935

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

Do not use this space.

30184

1. PLACE OF DEATH

County Montgomery Registration District No. 595
Township Waverly Primary Registration District No. 4353
City Waverly St. _____ Ward _____

File No. 16
Registered No. 16

2. FULL NAME

Edward Shelton Oliver

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Barbara J. Oliver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17-1869</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>6</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>---</u>	
	10. Date deceased last worked at this occupation (month and year) <u>2 years</u>	
	11. Total time (years) spent in this occupation <u>---</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery, Mo.</u>		
MOTHER / FATHER	13. NAME <u>Shelton Oliver</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery, Mo.</u>	
	15. MAIDEN NAME <u>Oliver</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charleston, W. Va.</u>	
17. INFORMANT <u>Miss Francis W. Oliver</u> (ADDRESS) <u>Waverly, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sept 22</u> DATE <u>Montgomery, Mo.</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Wells</u> <u>Waverly, Mo.</u>		
20. FILED <u>9/21</u> 19 <u>35</u> <u>Wm. W. McDermott</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20, 1935

22. I HEREBY CERTIFY, that I attended deceased from October 10, 1934 to Sept 20, 1935
I last saw him alive on 9-17-35, 19____. 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:
Angina Pectoris + Coronary Thrombosis?
9/17/35
Date of onset _____

Other contributory causes of importance:
general arterio-sclerosis

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 _____
Cause of injury _____

24. Was disease or injury in any way related to occupation of deceased? ---
If so, specify _____
(Signed) J. W. Byland, M. D.
(Address) Waverly, 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.

DEC 10 1958