

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 19 1935

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

Do not use this space.

32147

1. PLACE OF DEATH

County Cass  
Township  
City Harrisonville (No. ....)

Registration District No. 156  
Primary Registration District No. 4090

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Michael H. Oldham

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 16 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

3. SEX Male 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 Mary Oldham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
80 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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) Clay County Mo

13. NAME Richard B Oldham

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

15. MAIDEN NAME Sarah J Oldham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

17. INFORMANT (ADDRESS) Geo Bowyer Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cent Cemetery DATE Oct 9 1935

19. UNDERTAKER (ADDRESS) Kennelbarger Bros & Co Harrisonville Mo

20. FILED 10/8 1935 C. M. Griffith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Mich 8 1935 to Oct 7 1935

I last saw him alive on Oct 7 1935. Death is said to have occurred on the date stated above, at 2:00 P.M.

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

Ventricular Fibrillation Date of onset

Other contributory causes of importance:

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?  
If so, specify .....

(Signed) J. S. Triplett M. D.  
(Address) Harrisonville 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.

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