

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

Do not use this space.

DEC 17 1935

35356

**1. PLACE OF DEATH**

County Callaway Registration District No. 104  
 Township Nine mile Primary Registration District No. 5164  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 233

**2. FULL NAME Azelia Oliver**

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

Length of residence in city or town where death occurred Live 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel TL Oliver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 7 th 1850</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>3</u>
		DAYS <u>5</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>Home</u>	
	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) <u>Near Portland Mo</u>		
FATHER	13. NAME <u>Robert Glover</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Portland Mo</u>	
MOTHER	15. MAIDEN NAME <u>Martha Winn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portland Mo</u>	
17. INFORMANT <u>Mrs Frank Fox</u> (ADDRESS) <u>Williamsburg Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Antioch Cem</u> DATE <u>11/14/35</u>		
19. UNDERTAKER <u>C. W. Hopkins</u> (ADDRESS) <u>Montgomery City Mo</u>		
20. FILED <u>Nov 14 1935</u> <u>R. N. Green</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV - 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug - 3 - 1935, to NOV. 12 1935.  
 I last saw h. alive on Oct 20 1935. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of The Stomach  
Prostatic Nephritis  
 Date of onset 2 yrs  
 ?

Other contributory causes of importance None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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 James O. Helms, M. D.  
 (Address) New Florence 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.

