

JAN 29 1936

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

Do not use this space.

39551

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kearney Primary Registration District No. 1002  
City Kansas City, Mo. (No. 5299 Prospect) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 5299  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Chas. Walter Oldham

(a) Residence, No. 5209 Prospect 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 Alice Oldham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 9 3

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

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) Ill

13. NAME Elias Oldham

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

15. MAIDEN NAME Catherine Kneaves

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

17. INFORMANT Wm. E. Oldham  
(ADDRESS) 5209 Prospect, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec. 10-35

19. UNDERTAKER C. H. Blackman & Son, Inc  
(ADDRESS) 2925 Inden Blvd, K.C. Mo.

20. FILED Dec 10 1935 M. M. Terove  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935, to December 8, 1935.  
I last saw him alive on December 8, 1935. Death is said to have occurred on the date stated above, at 1:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of the sigmoid colon Date of onset May 1935

Other contributory causes of importance W/O  
Terminal bronchi - Dec 7 1935  
pneumonia -

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy Was there an autopsy? yes

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) Graham Baker, M. D.  
(Address) 820 Professional Bldg

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.

5299

