

APR 15 1936

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

Do not use this space.

9298

1. PLACE OF DEATH

County Buchanan,
Township Bloomington,
City (No. 4) M. So. DeKalb, Mo.

Registration District No. 81
Primary Registration District No. 5122

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Bela Oliver,

(a) Residence, No. 43 M. So. DeKalb, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 <u>Male</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>Nellie Oliver,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 28, 1867</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>6</u>	DAYS <u>28</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>Farmer.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm,</u>	
	10. Date deceased last worked at this occupation (month and year) <u>March 1936</u>	11. Total time (years) spent in this occupation <u>35</u>

12. BIRTHPLACE (CITY OR TOWN) DeKalb, Missouri,
(STATE OR COUNTRY)13. NAME William R. Oliver14. BIRTHPLACE (CITY OR TOWN) Unknown, Kentucky,
(STATE OR COUNTRY)15. MAIDEN NAME Gertrude Withers,16. BIRTHPLACE (CITY OR TOWN) Unknown, Virginia,
(STATE OR COUNTRY)17. INFORMANT Mrs Gertrude Bowman
(ADDRESS) R. F. D. # 2, DeKalb, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE DeKalb, Mo. DATE March 29th 193619. UNDERTAKER Heaton, Belz, & Bowman
(ADDRESS) St. Joseph, Mo. Funeral Home20. FILED Apr. 1, 1936 J. W. Mallow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26th, 193622. I HEREBY CERTIFY, That I attended deceased from March 17th, 1936, to March 27, 1936I last saw him alive on March 26th, 1936. Death is said to have occurred on the date stated above, at 3:10 p. m.

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

Chronic Nephritis Date of onset Sept. '35

Other contributory causes of importance:

Name of operation No 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 _____

(Signed) J. R. Peter, Jr., M. D.(Address) W. Wallace, 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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