Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

AUG 18 1936

791

Do not use this space.

28403

1003

File No.

Registered No. 7166

1. PLACE OF DEATH

County

Registration District No. 1003

Township

Primary Registration District No.

City St. Louis (No. City Hospital No.1 St. Ward)

2. FULL NAME B. 5172 Sophie Oliver

(a) Residence, No. 2622 Osage St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF (Late) James Oliver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	9	23	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) St. Louis, Missouri

FATHER

13. NAME Samuel Hobbs.

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

MOTHER

15. MAIDEN NAME Mary Hennessey

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

17. INFORMANT (ADDRESS) Hosp. Info. H. Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE 7/15 36

19. UNDERTAKER Carathers Funeral Co. (ADDRESS) 6 3027 S. Broadway

JUL 14 1936

20. FILED ..... 19 ..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/12/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/9/36, 19, to 7/12/36, 19

I last saw her alive on 7/12/36, 19. Death is said to have occurred on the date stated above, at 3.00 A m.

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

	Date of onset
Carcinoma of Rectum -	
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? none 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) [illegible], M. D.

(Address) City