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.

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

SEP 18 1936

Do not use this space.

29946

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township Washington — Primary Registration District No. 1001

City St. Joseph (No. 518 North 12th Street St. Ward)

File No.

Registered No. 1050

2. FULL NAME Pleasant H. Oatman

(a) Residence, No. 518 North 12th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — Mrs. Marena Oatman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	78	5	12	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 38yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Llano County, Texas

FATHER

13. NAME Dr. Hardin Oatman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

MOTHER

15. MAIDEN NAME Anne Hulse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, UNKNOWN

17. INFORMANT (ADDRESS) Mrs. Marena Oatman, 518 North 12th Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cem. DATE August 17, 1936

19. UNDERTAKER (ADDRESS) E. R. SIDENFADEN FUNERAL HOME 602 South 10th Street

20. FILED Aug 17 1936 H. J. Kesselbush Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Aug 14, 1936

I last saw him alive on Aug 14, 1936. Death is said to have occurred on the date stated above, at 4:45 P.m.

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

	Date of onset
Ac dilatation of Heart	Aug 14-36
92	
Other contributory causes of importance:	
ch myocarditis	7-1-36

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy?

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? [illegible]

If so, specify

(Signed) H. W. Kearby, M. D.

(Address) St Joseph Mo.