

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

Do not use this space.

378

FEB 16 1937

1. PLACE OF DEATH

County Caldwell
 Townshp Hamilton
 City Hamilton (No. _____)

Registration District No. 96

Primary Registration District No. 4008

File No. _____

Registered No. 3

St. _____ Ward _____

2. FULL NAME Mary Ann Oldfield

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sheriden Oldfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 no no 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 25

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20

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) McArthur Vinton Co. Illinois

13. NAME David Shively 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31

15. MAIDEN NAME Rachel Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Mrs. J. C. Wilson
Hamilton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE Jan. 20, 1937

19. UNDERTAKER (ADDRESS) Bran & Sons Hamilton, Mo

20. FILED Jan 20, 1937 Merle Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1924 to Jan 18, 1937

I last saw her alive on Jan 17, 1937. Death is said

to have occurred on the date stated above, at 2-10 a.m.

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

Cerebral Hemorrhage. Date of onset 1-12-37

Other contributory causes of importance Arterio-sclerosis
Chronic interstitial nephritis 1926

Name of operation None Date of _____

What test confirmed diagnosis? Phy diag 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? No

If so, specify _____

(Signed) Herbert P. Booth, M. D.

(Address) Hamilton 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.

WITH CERTAINING INFORMATION THIS IS A PERMANENT RECORD

