FEB 16 1937

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

Do not use this space. 440

1. PLACE OF DEATH

County CAPE GIRARDEAU MO. Registration District No. 124 File No.

Township Kinder Primary Registration District No. 5177 Registered No. 6

City (No. JACKSON MO, R.F.D. #3 St. Ward)

2. FULL NAME ELISHA FRANKLIN OLDHAM.

(a) Residence, No. JACKSON R.F.D. #3. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: MALE.
4. COLOR OR RACE: WHITE.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: MATILDA PROFFER Oldham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPT, 28, 1846.

7. AGE: YEARS 90. MONTHS 3. DAYS 27. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.: FARMER,
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): JACKSON MO.

FATHER

13. NAME: NICHOLIS OLDHAM
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): JACKSON, MO.

MOTHER

15. MAIDEN NAME: ANN RICHARDS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): JACKSON, MO.

17. INFORMANT (ADDRESS): ROY OLDHAM JACKSON MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE RUSSEL HIGHTS CEMT DATE JAN, 27, 1937

19. UNDERTAKER (ADDRESS): HAMAN'S FUNERAL HOME. CAPE GIRARDEAU MO.

20. FILED 1-27 1937 D. G. Seibro Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN, 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1937, to 1-25, 1937

I last saw him alive on 1-25, 1937. Death is said to have occurred on the date stated above, at 8:15PM.

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

Lobar pneumonia — Date of onset: 4 days

Other contributory causes of importance: Senility

Name of operation: none 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? no

If so, specify

(Signed) D. L. Seabaugh, M. D.

(Address) Jackson, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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