

FEB 26 1937

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

Do not use this space.

784

1. PLACE OF DEATH

County Jefferson Registration District No. 255 File No. _____
Township Jefferson Primary Registration District No. 5357 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Sophronia Edna Oak
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clyde Oak</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16, 1885</u>		
7. AGE	YEARS	MONTHS
	<u>51</u>	<u>6</u>
		DAYS
		<u>21</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>Housewife</u>	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davies Co. Mo.</u>		
FATHER	13. NAME <u>J. M. Caldwell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Minor</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u>	
17. INFORMANT <u>Clyde Oak</u> (ADDRESS) <u>Waltamont Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winston Mo.</u> DATE <u>Jan 9 1937</u>		
19. UNDERTAKER <u>Mr. Kate Stroup</u> (ADDRESS) <u>Winston Mo.</u>		
20. FILED <u>Jan 8 1937</u>	<u>F. R. Wilson</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1935, to Jan 7 1937.
I last saw her alive on Jan 4 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Chronic Nephritis

Date of onset
1934

Other contributory causes of importance:
Chronic Nephritis

Name of operation None Date of _____
What test confirmed diagnosis? Chemical 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) Fred W. Wilson, M. D.
(Address) Winston, Mo.

WHITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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.

