

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

10 County Boone
6 Township Bowling
3 City Sturgeon (No.)

Registration District No. 79Primary Registration District No. 60472File No. 5022Registered No. 7

St. Ward.

2. FULL NAME

Olive C. Angell

(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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. H. Angell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 26, 1863</u>		
7. AGE	YEARS	MONTHS
<u>73</u>	<u>10</u>	<u>16</u>
		DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	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)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Logan County Kentucky13. NAME
L. E. Terry14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Virginia15. MAIDEN NAME
Angeline Crawford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Virginia17. INFORMANT (ADDRESS)
Mrs. Dave Roberts
Sturgeon, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Grove DATE Feb. 7, 193719. UNDERTAKER (ADDRESS)
Barnes & Booth
Sturgeon, Mo.20. FILED Feb. 10, 1937 C. N. G. G. G.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from

1937, to 2-6, 1937I last saw him alive on 2-5, 1937 Death is saidto have occurred on the date stated above, at 11 a. m.

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

Carcinoma of Liver

Date of onset

Other contributory causes of importance:

Paralytic stroke on right sideName of operation Yes Date of 2-5-37What test confirmed diagnosis? Yes Was there an autopsy?

23. If death was due to external causes (violent), fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Feb. 6, 1937Where did injury occur? Yes

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury YesNature of injury Yes24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. A. Robinson M. D.(Address) Sturgeon 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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11/24/77

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