

MAR 26 1937

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

Do not use this space.

9185

1. PLACE OF DEATH

107 County Texas
Township Clinton
City Clinton (No. _____)

Registration District No. 10 27
Primary Registration District No. 6136

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Hester Alice Oxley

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 5 10 23

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

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) Feb 14 1937

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas es mo

13. NAME Joel Oxley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wa

15. MAIDEN NAME Mary Melton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas es mo

17. INFORMANT (ADDRESS) Thomas Oxley
Mtn Grove mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stubbs Cemetery DATE Feb 18 1937

19. UNDERTAKER (ADDRESS) Gaylord V. Elliott
Capitol mo

20. FILED Feb 17 1937 J. D. Weatherman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/16, 1937, to 7/16, 1937

I last saw her alive on 7/16, 1937. Death is said

to have occurred on the date stated above, at 2.9 m.

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

Labar Pneumonia

Date of onset

Other contributory causes of importance:

108

Name of operation _____ 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?

If so, specify _____

(Signed) R. Oxley, M. D.

(Address) Mtn Grove

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.

