

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

Do not use this space.

**APR 22 1937**

**1. PLACE OF DEATH**

County Newton 73  
 Township Nepeho 3  
 City Nepeho (No. 4)

Registration District No. 609  
 Primary Registration District No. 4363

File No. 12784  
 Registered No. 35  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Isabelle Oates

(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**

**MEDICAL CERTIFICATE OF DEATH**

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)<br><u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>John Oates</u>                               |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Apr 11 1844</u>   |                                  |   |
| 7. AGE YEARS<br><u>92</u>   | MONTHS<br><u>11</u>              | DAYS<br><u>13</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Housewife</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)<br><u>Ohio</u>   |                                  |   |
| 13. NAME<br><u>Jonathan Kimmell</u>   |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Germany</u>  |                                  |   |
| 15. MAIDEN NAME<br><u>Althouse</u>  |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Germany</u>  |                                  |   |
| 17. INFORMANT (ADDRESS)<br><u>Mrs. Alice Peck</u>   |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>St. Louis</u> DATE <u>3/15/37</u>                                 |                                  |   |
| 19. UNDERTAKER (ADDRESS)<br><u>Nepeho Mo</u>  |                                  |   |
| 20. FILED <u>4-9</u> 19 <u>37</u> <u>Anna Oates</u> Registrar.  |                                  |   |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Senility

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. B. Cullora, M. D.  
 (Address) Nepeho, 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.

