

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township State Hosp #2

Primary Registration District No. 1001

City State Hosp #2

(No. State Hosp #2)

File No. 23218

Registered No. 703

St. _____

Ward _____

2. FULL NAME

Ida M Oyles

(a) Residence, No. Cameron mo

(Usual place of abode)

St. _____

Ward. Cameron, Mo.

(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 Female

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 Andy J. Oyles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1866

7. AGE

YEARS 70

MONTHS 2

DAYS 9

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. nil

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) Missouri

13. NAME John Gilmore Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Ky.

15. MAIDEN NAME Mahala Ann King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Castle Indiana

17. INFORMANT (ADDRESS) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walden DATE June 23, 1937

19. UNDERTAKER (ADDRESS) Walden

20. FILED June 21, 1937 Walden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1937

22. I HEREBY CERTIFY that I attended deceased from Jan 21st 1937 to June 20 1937

I last saw her alive on June 20 1937 Death is said to have occurred on the date stated above, at 9 P.M.

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

Baronay heart disease and occlusion

Other contributory causes of importance:

Arteriosclerosis of aorta and ankle

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) W. S. Kearney, M. D.

(Address) 1125 N. 1st St.

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.

JUL 26 1937 1263

