

JUL 28 1937

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

Do not use this space.

23586

1. PLACE OF DEATH
 County Daviess Registration District No. 255
 Township Salperson Primary Registration District No. 5357
 City Wardles (No.) St. Ward (....)

2. FULL NAME Marganda Oak
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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 Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Randolph Oak
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6-1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 76 9 4
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
 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) Ind
 13. NAME Phillip Mix
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
 15. MAIDEN NAME Nancy Craig
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
 17. INFORMANT (ADDRESS) Daughter Mrs Jim Caldwell
Winston Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Winston Mo. DATE 6-12 1937
 19. UNDERTAKER (ADDRESS) Kate Thoup
Winston Mo.
 20. FILED June 11 1937 F. W. Wilson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10- 1937
 22. I HEREBY CERTIFY, That I attended deceased from May 13 1937, to June 10 1937
 I last saw h. alive on 6/10 1937 Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
 Date of onset 1936
 Other contributory causes of importance: 930
Bronchitis
 Name of operation none Date of
 What test confirmed diagnosis? 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 1
 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.

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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