AUG 24 1937

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

Do not use this space.

File No. 27369
Registered No.

1. PLACE OF DEATH
County Newell
Township Spring Creek
City ~~Pattersville Mo~~ (No. ..... St. ..... Ward)
Registration District No. 384
Primary Registration District No. 5539

2. FULL NAME Elizabeth Oglesby —
(a) Residence, No. Potterville Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. M. Oglesby —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 — 1852

7. AGE YEARS 84 MONTHS 11 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Clinton, Indiana

FATHER
13. NAME Robt Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk —

MOTHER
15. MAIDEN NAME Hannah Halton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky —

17. INFORMANT (ADDRESS) W. M. Oglesby — Pattersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Hill DATE 5-20- 1937

19. UNDERTAKER (ADDRESS) W. Williams Wm-Hamm, Mo

20. FILED 5-20- 1937 Vida N. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-18. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to May 18 — 1937
I last saw h. alive on May 1 — 1937. Death is said to have occurred on the date stated above, at 1 noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1935
Contributory causes of importance: Fracture of hip	Dec 1935

Name of operation None Date of
What test confirmed diagnosis? Clinical 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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. L. Gunn, M. D.
(Address) Bess Oglesby 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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