SEP 16 1937

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

Do not use this space.

30526

File No. 13

Registered No.

1. PLACE OF DEATH
County Cooper
Township Pilot Grove Mo
City (No. , St. Ward)

Registration District No. 222-5303
Primary Registration District No. 41-3-5

2. FULL NAME Eva Ellen Oglesby
(a) Residence, No. Pilot Grove Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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) Widowed

5A. [redacted], WIDOWED, [redacted] (OR) WIFE OF Charles W Oglesby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept I 1865

7. AGE Years 71 Months 11 Days 30 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) 1918
11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) Pilot Grove
(STATE OR COUNTRY) Missouri

FATHER
13. NAME James C Cordry
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky.

MOTHER
15. MAIDEN NAME Anna Eliza Roberson Cordry
16. BIRTHPLACE (CITY OR TOWN) Syracuse Mo
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Chas Mc Cutcheon
(ADDRESS) Pilot Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Nebo Cem. DATE Sept I 1937

19. UNDERTAKER Hays Stoecklein Co
(ADDRESS) Pilot Grove Mo

20. FILED Sept. 1 1937 Mrs. E. B. McCutcheon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1937, to Aug 30, 1937
I last saw her alive on Aug 30, 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	8/29/37

Other contributory causes of importance: Chronic Myocarditis

Name of operation No 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? No Date of injury No, 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 No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas Handley, M. D.
(Address) Pilot Grove 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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