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.

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

SEP 25 1937

Do not use this space.

1. PLACE OF DEATH

County St Louis — Registration District No. 789 — File No. 31778

Township ~~Normandy~~ Central — Primary Registration District No. 6033C — Registered No. 231

City Overland (No. 2956 Kentucky St. Ward)

2. FULL NAME Samuel Arthur Ollar

(a) Residence, No. 2956 Kentucky St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Mary Anna Ollar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1884

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 53 | 7 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoeworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe factory
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineola Mo

FATHER

13. NAME Felix Ollar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Ky

MOTHER

15. MAIDEN NAME Minerva Gibson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling W Va.

17. INFORMANT (ADDRESS) Mary Ollar 2956 Kentucky Overland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Sts Peter & Paul DATE Aug 24 1937

19. UNDERTAKER (ADDRESS) Ortmann Funeral Home Overland Mo

20. FILED 8-23 1937 H A Boehmer Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937, to August 20, 1937

I last saw him alive on August 20, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Huntington's Chorea

Date of onset

Other contributory causes of importance:

87B

Name of operation none Date of

What test confirmed diagnosis? Physical findings 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? No

If so, specify

(Signed) [signature] M. D.

(Address) 1827 Cass ave