

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH

County Keyston Registration District No. 399
Township Franklin Primary Registration District No. 71997
City F.C. No. 1027 E. 11th St Registered No. 33211
St. _____ Ward) 370

2. FULL NAME

Bethel Oakley

(a) Residence, No. 1027 E 11th St. St. _____ Ward. _____
(Usual place of abode) (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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
1 yr. 7 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Ostana Okl.

13. NAME Harold Oakley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ostana Okl.

15. MAIDEN NAME Erine Kuhn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harref Okl.

17. INFORMANT Erine Kuhn
(ADDRESS) Ostana Okl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ostana Okl. DATE Sept 19, 1937

19. UNDERTAKER Jules A. ...
(ADDRESS) ...

20. FILED 9/19 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____

I last saw him _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at _____ m.

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

Congenital hydrocephalus Date of onset _____

157a

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur _____

Specify whether injury occurred in industry, in home, or in public place.

Specify city or town, county, and State) _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature] _____, M. D.

(Address) [Signature] _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Do not use this space.

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