

OCT 20 1937

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

Do not use this space.

34516

1. PLACE OF DEATH

County Jasper Co  
Township Palmer  
City Joplin, Mo (No. 2203)

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. St. Johns Hosp  
Ward \_\_\_\_\_

2. FULL NAME

Kenneth Le Roy Oliver  
(a) Residence, No. Picher, Okla St. 57 n Ward. Picher, Okla  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. Francis 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 days 2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Picher, Okla.

13. NAME K. G. R. Oliver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waco, Okla.

15. MAIDEN NAME Ruby Ritchie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca, Mo.

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca, Mo DATE 9-28-37

19. UNDERTAKER (ADDRESS) Durand Funeral Home Picher, Okla.

20. FILED 9-27-37 Ed D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1937 to Sept 26 1937

I last saw him alive on Sept 26 1937 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Hereditary syphilis

Other contributory causes of importance: 24

Name of operation Path. WR Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Ed D. Jones \_\_\_\_\_, M. D.

(Address) Joplin, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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