

JAN 19 1938

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

Do not use this space.

2  
1

1. PLACE OF DEATH

County Toledo Registration District No. 450  
Township Auglaize Primary Registration District No. 5615  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 10 45793  
Registered No. 10

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. R. Fulbright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5<sup>th</sup> 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... mln.  
83 - 28

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) Canton County Mo (STATE OR COUNTRY)

13. NAME Jiles J Oliver

14. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY)

15. MAIDEN NAME Coline Evans

16. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY)

17. INFORMANT E. R. Fulbright (ADDRESS) Toledo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seaman Mm DATE Dec 5 1937

19. UNDERTAKER Palmers (ADDRESS) Seaman

20. FILED Dec 5 1937 D. H. Atkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1937 to Dec 3rd 1937  
I last saw her alive on Dec 1<sup>st</sup> 1937 Death is said to have occurred on the date stated above, at 3 A. m.

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

1. Uremia Date of onset 11-29-37

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Lab tests 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 \_\_\_\_\_, 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) L. E. Leavitt, M. D.

(Address) St. Louis 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.

