

REC'D MAR 15 1938

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

6486
Do not use this space.

1. PLACE OF DEATH
 (a) County Clinton Registration District No. 204
 (b) Township Shoal Primary Registration District No. 3012
 (c) City Cameron (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Leavitt Oleson 425
 (a) Residence, No. West 8th. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20th. 1915
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 6 227
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as 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) Lake City, S. Dakota
 FATHER 13. NAME Ole S Oleson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardinger, Norway
 MOTHER 15. MAIDEN NAME Namoi Leavitt,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Langford, S. Dakota
 17. INFORMANT Mrs Earl Allensworth,
 (ADDRESS) Cameron, Mo.
 18. BURIAL, CREMATION, OR REMOVAL to
 PLACE Topeka, Kansas. DATE Feb. 18th. 38
 19. FUNERAL DIRECTOR O. A. Moore,
 (ADDRESS) Cameron, Mo.
 20. FILED 7/18 # 38 W. H. Kelley
1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1937, to Feb 17, 1938
 I last saw him alive on Feb 16, 1938. Death is said to have occurred on the date stated above, at 11:30 AM.
 The principal cause of death and related causes of importance were as follows:
Broncho pneumonia Date of onset 2/15/38
11/3
 Other contributory causes of importance:
Parkinsons syndrome 1932
Post influenza pneumonia
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) E. S. Hampton M. D.
 (Address) Cameron 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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, O. A. Moore, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by O. A. Moore,

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

O. A. Moore

Licensed Embalmer No. 1180

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)