REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County Holloway — Registration District No. 629 — File No. 7632
Township Jackson — Primary Registration District No. 4379 — Registered No.
City Ravenwood (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Oglesby 242
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walker Oglesby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 - 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	77	2	7	

OCCUPATION
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) (STATE OR COUNTRY) Unknown Illinois

FATHER
13. NAME Thomas Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Walker Oglesby Ravenwood Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ravenwood DATE March 15, 1938
19. UNDERTAKER (ADDRESS) Campbell Funeral Home Maryville Mo
20. FILED Mar. 15, 1938 Grace Bixholt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to March 12, 1938
I last saw her alive on March 12, 1938. Death is said to have occurred on the date stated above, at 10 45 A.m.
The principal cause of death and related causes of importance were as follows:
Apoplexia.
Date of onset
8261
Other contributory causes of importance: Arteriosclerosis.
Name of operation ..... 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? 3
If so, specify .....
(Signed) R. G. Garton M. D.
560 (Address) Ravenwood Mo

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.