

REC'D APR 23 1938

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

9692

Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1007 Registered No. 1157
(c) City Kansas City (d) Street No. 1334 E. 32nd St. Terrace W. St.
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)
2. PRINT FULL NAME William A. Oldham 435
(a) Residence, No. 1334 East 32nd St. Terrace St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Mrs. Ann Miles Oldham
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ticket Agent
9. Industry or business in which work was done, as saw mill, bank, etc. K.C. Terminal Ry.
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) Kentucky

FATHER 13. NAME Wm. A. Oldham

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

MOTHER 15. MAIDEN NAME Tabitha Evans

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

17. INFORMANT Mrs. Ann Miles Oldham
(ADDRESS) 1334 East 32nd St. Terrace

18. BURIAL CREMATION, OR OTHERWISE
PLACE Elmwood DATE Mar. 15, 1938

19. FUNERAL DIRECTOR Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Mo.

20. FILED Mar 14 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1927, to March 12, 1938
I last saw him alive on March 12, 1938. Death is said to have occurred on the date stated above, at 10:25 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Urinary Bladder
51

Other contributory causes of importance:

Name of operation Amputation of Urinary Bladder Date of Aug 7, 1938
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? no Date of injury....., 19.....
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Edw. A. Pugh, M. D.
(Address) Prof. Bldg. 150

15-081
last for
M. E.

STATEMENT BY LICENSED EMBALMER

I, Clarence W. Childs, Licensed Embalmer No. 3473

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. E.

3473 L. E. _____

No. 3473 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Clarence W. Childs
Licensed Embalmer No. 3473

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.)