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

12498
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3102
(c) City St. Louis, Mo. (d) Street No. ..... Bethesda Hospital 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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oliver Travis 612
(a) Residence, No. ..... St. N.R. Belle, Mo.
(Usual place of abode, if no street address, write county or city) (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 (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Grace Travis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 25, 1877.
7. AGE: YEARS 60 | MONTHS 6 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Live Stock Dealer
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) Mar. 15, 1938.
11. Total time (years) spent in this occupation 42 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belle Missouri

FATHER
13. NAME: Thomas Travis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Murphysboro Tenn.

MOTHER
15. MAIDEN NAME: Susanah Rogers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. L. F. Giboney Belle, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Belle Mo. DATE 4/3/38, 19
19. FUNERAL DIRECTOR (ADDRESS): Albert H. Hoppe Inc. 429 N. Euclid, Ave.
20. FILED APR 1 1938 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1938, to apr 1, 1938
I last saw him alive on 3-30, 1938. Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Rt. Lobe) Infection organism indetermined	3-15-38

Other contributory causes of importance:
Chronic Myocarditis
Chronic Substantial nephritis

Name of operation none Date of .....
What test confirmed diagnosis? none 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? .....
If so, specify no
(Signed) [illegible], M. D.
(Address) 607 N Grand

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
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.
V. S. No. 7. 50M-7-2-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

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

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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.)