

SEP 27 1938

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

Do not use this space.

29616

1. PLACE OF DEATH

County Nodaway  
Township.....  
City Maryville (No.....) St..... Ward.....

Registration District No. 6.25-  
Primary Registration District No. 3.03.1

File No.....  
Registered No. 82

2. FULL NAME William Oldham

(a) Residence, No..... St..... Ward.....  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1938 to Aug 28 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1862

I last saw him alive on Aug 28, 1938 Death is said to have occurred on the date stated above, at 10 A.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
76 0 30

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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.....

Date of onset

Cancer of Prostate

Other contributory causes of importance: 51C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambridge Ohio

Name of operation..... Date of.....  
What test confirmed diagnosis Cancer Was there an autopsy?.....

13. NAME Joseph B. Oldham

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

15. MAIDEN NAME Mary Davis

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.

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

17. INFORMANT Mrs Milton Grimes (ADDRESS) Holyoke Colorado

18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington Jct DATE Aug 29 1938

Manner of injury.....  
Nature of injury.....

19. UNDERTAKER A. H. Ham (ADDRESS) Burlington Jct Missouri

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) W. R. Fisher, M. D.

20. FILED Aug 29 1938 Mavis C. Clardy Registrar.

(Address) Maryville, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

