

1938 JAN 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County Schuyler Registration District No. 806  
Township Peravia Primary Registration District No. 6051  
City Marion (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 44608  
Registered No. \_\_\_\_\_

2. FULL NAME

Sarah Oliver

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Oliver  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26  
7. AGE YEARS 91 MONTHS 4 DAYS 3 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1938  
22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1938 to Dec 27 1938  
I last saw him alive on Dec 27 1938. Death is said to have occurred on the date stated above, at 4:50 A.M.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work  
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 \_\_\_\_\_

Myocardial Degeneration Date of onset \_\_\_\_\_  
Other contributory causes of importance: Congestion of Bowels  
Age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
13. NAME Samuel Miller  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known  
15. MAIDEN NAME Parthena Rhodes  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

17. INFORMANT (ADDRESS) Leah Lyberger  
18. BURIAL, CREMATION, OR REMOVAL PLACE Fun Home Cem DATE Dec 29 1938

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 \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Wm J West  
12/29/38 J.T. Jones  
20. FILED 12/29/38 By Olive Jones, Deputy Registrar.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Dr. P.E. Vaughan, M. D.  
(Address) Lancaster, Mo.

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

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RECEIVED

District Health Officer No. 10

District File Number 10-38-1049

Date Filed JAN 16 1939



