

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.

JUN 22 1936

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

Do not use this space.

19230

1. PLACE OF DEATH

County Henry
Township _____
City Windsor (No. _____)

Registration District No. 14
Primary Registration District No. 4211

File No. _____
Registered No. 1511
St. _____ Ward _____

2. FULL NAME Roy M. Oakes

(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Warner Oakes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 29, 1882</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>4</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Trucking</u>
	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) Benton County
(STATE OR COUNTRY) Missouri13. NAME Henry C. Oakes14. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Mary McIntire16. BIRTHPLACE (CITY OR TOWN) Benton County
(STATE OR COUNTRY) Missouri17. INFORMANT Mrs. Roy Oakes
(ADDRESS) Windsor, Missouri18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE May 7, 193619. UNDERTAKER Huston-Turner
(ADDRESS) Windsor, Missouri20. FILED 5-7 1936 [Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1935, to May 6, 1936
I last saw him alive on May 6, 1936. Death is said to have occurred on the date stated above, at 9:50 a.m. M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac decompensation

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no23. 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? no
If so, specify _____(Signed) Roy B. Jordan, M. D.
(Address) Windsor, Mo.

