

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

Do not use this space.

36446

1. PLACE OF DEATH

County... Buchanan
Township.....
City..... St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. Missouri, Methodist Hosp. St. Ward)

File No.
Registered No. 1369

2. FULL NAME

Oliver P. Means

(a) Residence. No. St. Ward. Clarksdale, Mo.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 1 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>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Wilmina Means

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>76</u>		<u>Unknown</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Farmer, Retired 14 yrs.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) DeKalb Co., Mo.

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Rex Means

(Address) Kansas City, Mo.

15. FILED 1/29, 29 John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1929

17. Viewed body

I HEREBY CERTIFY, That I attended deceased from
19....., to 19.....
that I last saw h. in alive on..... 19....., and that death occurred, on the date stated above, at 8.30 P.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Fractured Skull, ribs and internal injuries, result of Auto accident at Clarksdale Mo.

2.10 M (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1880 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF 217

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) B.W. Tadlock Coroner, M. D.

11/30, 19 29 (Address) St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clarksdale, Missouri DATE OF BURIAL Dec. 1, 19 29

20. UNDERTAKER Walter Meinhoffer 1302 ADDRESS Faraon St.

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.

11
1929
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