

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

Do not use this space.

37247

1. PLACE OF DEATH

County Jackson
Township 7 East
City W. C. Mo. (No. 4742 Precinct)

Registration District No. 399
Primary Registration District No. 1002

File No. 4747
Registered No. 4747
St. _____ Ward _____

2. FULL NAME

Oran C. Church

(a) Residence. No. 104 Armour St. 6 Ward.

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 19, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
36 0 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Johnson Co. Indiana
(STATE OR COUNTRY)

10. NAME OF FATHER Isaac S. Church

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

12. MAIDEN NAME OF MOTHER Georgia Chambliss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Morgan Co. Ind.
(STATE OR COUNTRY)

14. INFORMANT Webb undertaker
(Address) Oak Grove Mo.

15. FILED 11/18, 1929 M. M. Combe REGISTRAR
Assn

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 1929

17. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 7a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis

CONTRIBUTORY (SECONDARY) Chronic endocarditis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Ind
IF NOT AT PLACE OF DEATH No

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) Harley W. Hall M. D.

(Address) Deputy Coroner 11/18, 1929
*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 Oak Grove Mo. DATE OF BURIAL 10-19 1929

20. UNDERTAKER Webb Oak Grove Mo.
(ADDRESS)

COPIES OF DEATH IN plain terms, so that it may be properly assessed. Each copy must be properly assessed.

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