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

Do not use this space.
18964

1. PLACE OF DEATH
County Cedar
Township ~~Jefferson~~ 20
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 165
Primary Registration District No. 5230

File No. .....
Registered No. 64

2. FULL NAME Marry Nelly Oldham

(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 - 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockton, Mo / Cedar Co.

FATHER

13. NAME J. B. Salmon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Sarrah J. Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo / Cedar Co

17. INFORMANT (ADDRESS) M. A. Oldham

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pindley Prairie DATE June 19 1932

19. UNDERTAKER (ADDRESS) W. C. Davis & Co. Stockton, Mo.

20. FILED July 19 32 E. S. Smith, Registrar.
Mary Boyless

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-17-32, 19....., to ....., 19.....
I last saw he alive on 6-18-32, 19..... Death is said to have occurred on the date stated above, at 5:15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Post operative)	
540	
13 9 30	

Other contributory causes of importance:

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

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 .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) G. B. Stewart, M. D.
(Address) Stockton Mo.

REGISTRA[illegible] NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

18964

1. PLACE OF DEATH
County Cedar — Registration District No. 165 — File No.
Township Jefferson — Primary Registration District No. 5230 — Registered No. 64
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mary Nelly Oldham
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX X
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) B

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

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

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19

19. UNDERTAKER (ADDRESS)

20. FILED July, 1932 E S Smith Registrar
Mary Baylen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932, to June 18, 1932
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:15 m.
The principal cause of death and related causes of importance were as follows:
Myocarditis — (Last Operative) — Date of onset
Other contributory causes of importance:
Name of operation Fibroid Tumor Uterus Date of
What test confirmed diagnosis? ..... Was there an autopsy? no

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

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

SUPPLEMENTARY

5-18964