WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

10249

File No.
Registered No.

APR 25 1935

1. PLACE OF DEATH
County RANDOLPH
Township JACKSON
City (No. St. Ward)
Registration District No. 734
Primary Registration District No. 5968

2. FULL NAME EDD F OLIVER
(a) Residence, No. 2 MILES W JACKSONVILLE 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY S. (BUTLER) OLIVER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 23-1861

7. AGE: Years 73 | Months 11 | Days 11 | 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. FARMER
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) VA.

FATHER
13. NAME EDD OLIVER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER
15. MAIDEN NAME MARGARET ANCELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D K

17. INFORMANT Mrs Mary Oliver
(ADDRESS) Jacksonville

18. BURIAL, CREMATION, OR REMOVAL
PLACE GRAND PRARIE DATE MAR 8 1935

19. UNDERTAKER SNOW FUNERAL HOME
(ADDRESS) MOBERLY MO

20. FILED March 13 1935 R M Cater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 6 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to Mar 6, 1935
I last saw him alive on Mar 6, 1935. Death is said to have occurred on the date stated above, at 3:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2-15-35
Other contributory causes of importance: Chronic Interstitial Nephritis	5-1-33

Name of operation no Date of
What test confirmed diagnosis? Phys Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Benj. S. Jolly, M. D.
(Address) Moberly, Mo