DEC 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County Webester
Township Finley
City ..... (No. ..... St. ..... Ward)

Registration District No. 897
Primary Registration District No. 6201

File No. 42784
Registered No. 30

2. FULL NAME Mattie Oliver

(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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-18-1883

7. AGE: YEARS 54 MONTHS 2 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) 1937
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Mo

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

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

17. INFORMANT (ADDRESS) Clarence Oliver [illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn Sps. DATE Nov. 4 1937

19. UNDERTAKER (ADDRESS) Kelley-Terrell Seymour Mo

20. FILED Nov. 3, 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1937, to 11-2, 1937
I last saw her alive on 10-26, 1937. Death is said to have occurred on the date stated above, at 10.5 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis acute (Hemorrhage)

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray & Microscope 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) E. G. Beers, M. D.
(Address) Seymour Mo

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.

2-19-36 X7294