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.

REC'D MAY 22 1939

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

Do not use this space.

2

1. PLACE OF DEATH 93
County St Clair
Township Osceola
City (No. , St. Ward)

Registration District No. 765
Primary Registration District No. 6266

File No. 15974
Registered No. 5

2. FULL NAME Lora Leeton 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 f
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 Henry H. Oldham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-6-1870

7. AGE YEARS 68 MONTHS 4 DAYS 8 If LESS than 1 day, hrs. or min.

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

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

FATHER
13. NAME Jacob B Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Sarah Jane Dooley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Roy Oldham R.C. Mo

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

19. UNDERTAKER (ADDRESS) O. S. Hull Osceola Mo

20. FILED 3-20, 1939 Ruth Sievers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1939, to 3-14, 1939
I last saw her alive on 3-14, 19 Death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-10
about	1939

Other contributory causes of importance: Influenza

Name of operation Date of
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) Ruth Sievers, M. D.
(Address) Osceola Mo

RECEIVED
District Health Officer No. 7,
District File Number 7-35-748
Date Filed 5-8-39