

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.

OCT 28 1935

33717

**1. PLACE OF DEATH**

County RAZ  
Township Richmond  
City RICHMOND (No. ....)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. 94  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. OLIVER HARRAH 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DO NOT KNOW

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DO NOT KNOW

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 70 - - - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) DO NOT KNOW

FATHER 13. NAME DO NOT KNOW

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DO NOT KNOW

17. INFORMANT ANDY BALLARD (ADDRESS) COUNTY HOME

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW HOPE DATE 10-9- 1935

19. UNDERTAKER C.M. JOINET (ADDRESS) RICHMOND, MO

20. FILED 10-10 1935 E. G. Hay Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Mch 1935 to Oct 6 1935

I last saw him alive on Oct 6 1935 Death is said

to have occurred on the date stated above, at 5-9 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

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Other contributory causes of importance:

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) E. G. Hay, M. D.

(Address) Richmond

