

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

Do not use this space.

27406

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. F 2330  
 Township Raw Primary Registration District No. 7/1002 Registered No. 2330  
 City Kansas City (No. Research Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Charles W. Oberhelman

(a) Residence. No. Lexington 2nd 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
76 | 7 | 25 | \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Fred A. Oberhelman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Christina Gnepp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Arnold T. Oberhelman  
 (Address) Lexington Mo

15. FILED 9/26 27 M.M. Crown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 13 1927, 1927, to Sept 25, 1927, that I last saw him alive on Sept 25, 1927, and that death occurred, on the date stated above, at 5:32 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute urinary retention (Dysprision)  
137 following operation for  
1350 Hypertrophied prostate.  
 (duration) 0 yrs. 0 mos. 10 ds.

CONTRIBUTORY (SECONDARY) probably (duration) 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 135  
 NOT AT PLACE OF DEATH.

19. DID AN OCCUPATION PRECEDE DEATH? Yes DATE OF Sept. 15 - 1927  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lat. Exam.  
 (Signed) E. G. Mark M. D.  
9/26, 1927 (Address) Research Hosp. v. J. W.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lexington Mo DATE OF BURIAL 9-26 1927

20. UNDERTAKER Mrs. E. L. Forster ADDRESS K. C. Mo.

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.

