

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

Do not use this space.

36538

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield No. 2 Primary Registration District No. Box 204

File No.
Registered No. 759
St. Ward)

2. FULL NAME

Ernest Oberster
(a) Residence. No. 128 Back Alley 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Deceased</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 18 - 1899</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>3</u>	DAYS <u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/12 19 27

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....
that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 7:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Basal Skull fracture struck by auto accident, 1st city limits of Springfield in division street

CONTRIBUTORY (SECONDARY)
210M Green Cr. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ind

10. NAME OF FATHER
Ernest Oberster

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

12. MAIDEN NAME OF MOTHER
Elizabeth Oberster

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

14. REPORT (Address)
Mrs. Ind. Oberster 128 Back Alley

15. FILED 12/13 27 REGISTRAR

WHAT TEST CONFIRMED DIAGNOSIS
clinical

Signed Jewell E. Whipple M.D.
Address Springfield Mo

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

19. PLACE OF BURIAL (CREMATION, OR REMOVAL) (ADDRESS)
Greenwood CEMETERY

DATE OF BURIAL
12/14 19 27

20. UNDERTAKER
W. J. Starnes

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.

DEPARTMENT RECORD

1927
— 29
Oct 9