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.

6491

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 652

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 300 Benton Blvd. St. Ward)

2. FULL NAME Oliver Moburg

(a) Residence. No. 300 Benton Blvd. St., 9 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 (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julia Moburg

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 26, 1836

7. AGE: Years 92 — Months 8 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(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): Sweden

PARENTS

10. NAME OF FATHER: Not known

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

12. MAIDEN NAME OF MOTHER: Not known

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

14. INFORMANT: F. O. Moburg (Address) Toledo, Ohio

15. FILED 2-8, 1929 M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby. 7 1929

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1928, to 7-6-29, 1929 that I last saw him alive on 7-6-29, 1929, and that death occurred, on the date stated above, at 1:27 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchitis

1060

[illegible]

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Asthma (no Tuberculosis)

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of Death.

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) J. J. Stephanus, M. D

Feb 8, 1929 (Address) 1117 E Armour

*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: Lowrie, Iowa — DATE OF ~~BURIAL~~ R. 2-8-1929

20. UNDERTAKER: Sline & McClure — ADDRESS: Plaza 3235 Gillham