

NOV 28 1930

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

Do not use this space.
35229

1. PLACE OF DEATH

County North
Township Witchell
City Grant City (No.)

Registration District No. 903
Primary Registration District No. 6212

File No.
Registered No. 24
St. Ward)

2. FULL NAME

Lewis Franklin Oehler

(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 Life 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha E. Oehler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 8 5

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) Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grant City
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Charles J. Oehler

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

12. MAIDEN NAME OF MOTHER Kate Herzog

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

14. INFORMANT Lewis Oehler
(Address) Grant City Mo.

15. FILED 11/3 1930 John A. Deedes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1930

I HEREBY CERTIFY, That I attended deceased from July 10 to Oct 2 1930
that I last saw alive on Oct 1 1930 and that death occurred, on the date stated above, at 1:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemic hepatitis
due to
refractive
pharyngitis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 128
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physic. Findings
(Signed) J. P. Reed M. D.
. 19 (Address) Grant City, Mo.

*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 Grant City Cem. DATE OF BURIAL 10/3 1930

20. UNDERTAKER Arch C. Dangle ADDRESS Grant City

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.

