

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

Do not use this space.

8846

File No. 5558
Registered No. 40420
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 404
Township Kennel Washington Primary Registration District No. 5558
City Kansas City No. 1305 East 81st

2. FULL NAME

Ralph E Oviath
(a) Residence, No. 1305 E - 81st 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mariam K Oviath</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB-15-1890</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>1</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>PURCHASING AGENT</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>FOX WEST COAST THEATRE</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____ YR.	
12. BIRTHPLACE (CITY OR TOWN) <u>CLEVELAND</u> (STATE OR COUNTRY) <u>OHIO</u>		
MOTHER	13. NAME <u>FREEMAN E OVIATH</u>	
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>OHIO</u>	
	15. MAIDEN NAME <u>ADDIE R. FISH</u>	
16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>OHIO</u>		
17. INFORMANT <u>Mrs Mariam K Oviath</u> (ADDRESS) <u>1305 E - 81st</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT. MORIAH</u> DATE <u>MARCH-23-1932</u>		
19. UNDERTAKER <u>Lawrence's Sons</u> (ADDRESS) <u>Kansas City - Mo.</u>		
20. FILED <u>3/25</u> <u>1932</u> <u>Paul Phelan</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 20 .1932

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1932, to March 20, 1932
I last saw him alive on March 4, 1932 Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary occlusion (Thrombosis)
94D Sudden death
Other contributory causes of importance: 94D

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932
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? Yes
If so, specify Frank Deachenor, M. D.
(Address) 1007 Argyle Bldg.

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.

1 APR 27 1932

