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

Do not use this space.

File No. 23540

Registered No. 73

1. PLACE OF DEATH

County Jefferson — Registration District No. 421

Township ~~Joachim~~ — Primary Registration District No. 4249

City Festus (No. ..., ..., St. ..., Ward)

2. FULL NAME Paul Oberle

(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 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ellen Oberle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-28-1848

7. AGE: Years 85 | Months 0 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General Farming

10. Date deceased last worked at this occupation (month and year): July 15 1933

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Barnhardt Oberle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Mary Lepp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Andrew Oberle, Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo. DATE 7/25/33, 19

19. UNDERTAKER (ADDRESS): Duester and Vinyard, Festus Mo.

20. FILED 7/24, 1933 J. E. Rutledge, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22., 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933, to July 22, 1933

I last saw him alive on July 22, 1933. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 7/16/33

Other contributory causes of importance: Arterial Sclerosis — Syn

Name of operation none — Date of ...

What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — Date of injury ..., 19

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? no

If so, specify none

(Signed) Norval W. Jarvis, M. D.

(Address) Festus, Mo.

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.

AUG 26 1933