

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

Do not use this space.

28649

1. PLACE OF DEATH

County Worth
Township Witchburg
City Grant City (No. 1)

Registration District No. 903
Primary Registration District No. 4545

File No. 26
Registered No. 26
St. Mo. Ward 1

2. FULL NAME

Charles Wayne Oehler
(a) Residence, No. 1 St. Mo. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 1 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>W</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>Mardell Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 20 1912</u>		
7. AGE YEARS <u>20</u>	MONTHS <u>11</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grocery Clerk</u>		11. Total time (years) spent in this occupation <u>5 yrs</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>		10. Date deceased last worked at this occupation (month and year) <u>Jan. 19 1933</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grant City, Mo.</u>		
13. NAME <u>George Oehler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grant City, Mo.</u>		
15. MAIDEN NAME <u>Reard Ward</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grant City, Mo.</u>		
17. INFORMANT <u>Geo Oehler</u> (ADDRESS) <u>Grant City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grant City, Mo.</u> DATE <u>Aug 6 1933</u>		
19. UNDERTAKER <u>Frank Dymple</u> (ADDRESS) <u>Grant City, Mo.</u>		
20. FILED <u>8/16 33</u> <u>John Andrews</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1933 to Aug 5 1933
I last saw him alive on Aug 5 1933 Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:
Varicella of Scapula
Date of onset 53D
Other contributory causes of importance: 53

Name of operation Dissected
What test confirmed diagnosis Dissected Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —
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? ✓
If so, specify —
(Signed) W. H. Rasi M. D.
(Address) Grant City, Mo.

SEP 26 1933

Handwritten notes and scribbles in the upper right quadrant, including the word "LIFE" and other illegible markings.

Vertical handwritten text in the center of the page, possibly reading "LIFE" or similar.

Handwritten text in the lower right quadrant, including the number "77" and other illegible markings.