

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

Do not use this space.

42929

1. PLACE OF DEATH . JAN 7 1935

County JACKSON

Registration District No. 399

Township KAW

Primary Registration District No. 1002

City KANSAS CITY

(No. 5118 - INDIANA)

File No. _____

Registered No. 5032

St. _____ Ward _____

2. FULL NAME WILLIAM J OYLEAR

(a) Residence, No. 5118 - INDIANA St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 MRS. ANNA E. OYLEAR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV - 1 - 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 91 1 9

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

13. NAME MELCHER OYLEAR

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME ELIZABETH SPURGEON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MR. W. J. OYLEAR (ADDRESS) 5118 - INDIANA AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD DATE DEC - 12 - 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 - EAST 9TH ST

20. FILED 12/10 1934 M. M. Coover Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1934 to Dec 9 1934. I last saw him alive on Dec 9 1934. Death is said to have occurred on the date stated above, at 4:20 A.M.

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

Bronchial pneumonia Date of onset Nov 24 1934

Other contributory causes of importance: Aschemia several years

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 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 _____ (Signature) Arthur L. Deener D.O. M. D.
(Address) 3400 East 31
KC, Mo

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.

n.e. 31⁴ v Indrara (3400. 6-31⁴ St)

10:30-1; 2-5