

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

Do not use this space.

1 APR 2 1935

4192

1. PLACE OF DEATH

County Worth Registration District No. 903
 Townships Plethall Primary Registration District No. 6217
 City Grant City (No.) St. Ward)

2. FULL NAME

Kate Luella 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX J 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ←

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 3 21

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

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) Jan 19 1935 11. Total time (years) spent in this occupation 7 years

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

13. NAME Frank Oehler

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

15. MAIDEN NAME Bertha Swank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth Mo.

17. INFORMANT Edith Oehler (ADDRESS) Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City DATE Feb 12 1935

19. UNDERTAKER (ADDRESS) Arch C. Dumble Grant City, Mo.

20. FILED March 5, 1935 Bred Mull McO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1935

22. I HEREBY CERTIFY, That I attended deceased from

..... 19..... to 19.....

I last saw her live on Jan 26, 1935. Death is said

to have occurred on the date stated above, at 9 P. m.

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

Auto accident
car left highway and
turned into deep ditch.
Cause of Death Broken
neck

Other contributory causes of importance:
Body wasn't found until
Feb. 10, 1935 at 4 P.M.

Name of operation..... Date of.....

What test confirmed diagnosis? Examination Was there an autopsy? no

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

Accident, suicide, or homicide accident Date of injury 1/27, 1935

Where did injury occur? Worth, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Highway

Manner of injury see notes above

Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arch C. Dumble

(Address) Grant City, 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.

