JAN 17 1936

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

Do not use this space.

20317-2

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1. PLACE OF DEATH
County McDonald — Registration District No. 315 — File No.
Township Prairie — Primary Registration District No. 5687 — Registered No.
City Southwest City (No. , St. Ward)

2. FULL NAME Robert Earl Oyler

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Hazel Manning Oyler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2nd 1904

7. AGE — YEARS 31 — MONTHS 2 — DAYS 6 — 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. Farming
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) Southwest City MoR#1 Missouri

FATHER
13. NAME Charles Oyler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Nancy Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Robert Oyler Southwest City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Southwest City Mo DATE June 10th/35

19. UNDERTAKER (ADDRESS) Nichols Brothers Southwest City Mo

20. FILED 6/10th/35 John J. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8th/1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to June, 1935
I last saw him alive on June, 1935. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:
Probable recurrence of Old Cerebral Injury (blow caused by baseball)
Date of onset

Other contributory causes of importance:
Cerebral Edema
Respiratory Paralysis

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

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? Eucha, Oklahoma (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Occurred while playing baseball.
Manner of injury no immediate serious
Nature of injury symptoms

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. E. Warmack, M. D.
(Address) Southwest 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.