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

Do not use this space.

34203

OCT 21 1936

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township N Campbell — Primary Registration District No. 5439

City Springfield Mo (No. R 4, Box 299 St. Ward)

File No.

Registered No. 826

2. FULL NAME Orval William Ouehl

(a) Residence, No. R 4, Box 299 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 21, 1918

7. AGE: YEARS 18 — MONTHS 4 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Springfield, Mo.

FATHER

13. NAME: Jake Ouehl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Wisconsin

MOTHER

15. MAIDEN NAME: Stella Wasmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lebanon, Mo.

17. INFORMANT (ADDRESS): W. S. Boyce R4 Box 299

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenlawn DATE Sept 29 1936

19. UNDERTAKER (ADDRESS): F. C. Thieme Springfield, Mo

20. FILED 9/28 1936 Dr Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1936, to Sept. 27, 1936

I last saw him alive on 9-27-45, 1936 Death is said to have occurred on the date stated above, at 11:45 p.m.

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

	Date of onset
Typhoid fever	9-10-36

Other contributory causes of importance:

Intestinal hemorrhage	9-27-36

Name of operation ✓ 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? ✓ 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

(Signed) Arthur D Knabb, M. D.

(Address) 450 1/2 E. Court

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.

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