

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.

JAN 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township
City Kansas city (No. 1030, Cleveland)

Registration District No. 399
Primary Registration District No. 1002

File No. 44853
Registered No. 5483 Ward

2. FULL NAME

Miss Ova Florence Oberlag
(a) Residence, No. 1030 Cleveland St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED* (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ 1913

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>23</u>	<u>3</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sash works
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Kansas

13. NAME Mr Florence Oberlag

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

15. MAIDEN NAME Etta Berg

16. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Kansas

17. INFORMANT Mr Florence Oberlag (ADDRESS) 1030 Cleveland

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec 17 1936

19. UNDERTAKER R.A. Fulton (ADDRESS) Kansas City, Kansas

20. FILED 12-16-36 M.M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1936

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1936, to December 15, 1936

I last saw h. sk alive on December 15, 1936 Death is said to have occurred on the date stated above, at 6 A.m.

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

Subacute Endocarditis
Embolic off brain
Cerebral, peralysm
Other contributory causes of importance:
Alcohol

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? _____ (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) Thurman, M. D.

(Address) _____

Erving

