

Dr. Leon Taylor MISSOURI STATE BOARD OF HEALTH
MAR 18 1937
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

5603

File No.
 Registered No. 100 St. Ward)

1. PLACE OF DEATH
 20 County Cole Registration District No. 213
 Township Primary Registration District No. 3014
 City Jefferson (No. St. Ward)

2. FULL NAME David M. Oberman
 (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

MEDICAL CERTIFICATE OF DEATH

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 Mrs. Dora May Oberman

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27/1937
 22. I HEREBY CERTIFY, That I attended deceased from Nov 1935 19... to Feb 27 19...
 I last saw him alive on Feb 27 19... Death is said to have occurred on the date stated above, at 9:00 A.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-11-1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 --- 16

Hypostatic pneumonia Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nothing Manufacture
 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.....

Other contributory causes of importance:
Coronary atherosclerosis - infarction of lung.

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

13. NAME I. Oberman

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Mrs. D. M. Oberman (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Mar-1-1937

19. UNDERTAKER (ADDRESS) John A. Taylor

20. FILED 2/29/37 Registrar

Name of operation None Date of
 What test confirmed diagnosis? Chest 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) Leon A. Taylor, M. D.
 (Address) Jefferson City, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

