

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

Do not use this space.

1. PLACE OF DEATH
 County..... Jackson
 Township..... Kaw
 City..... Kansas City (No. 3131 Forest)

Registration District No. 399
 Primary Registration District No. 1002

File No. 33260
 Registered No. 395
 St. _____ Ward _____

2. FULL NAME Ezra William Ober
 (a) Residence, No. 3131 Forest 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Virginia A. Ober</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 3, 1874</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>11</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
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) <u>Kansas</u>		
13. NAME <u>Ezra William Ober</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine</u>		
15. MAIDEN NAME <u>No record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
17. INFORMANT <u>Mrs. Charles Bren</u> (ADDRESS) <u>Salina, Kansas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salina, Kansas</u> DATE <u>Sept. 13, 1937</u>		
19. UNDERTAKER <u>Stine & McClure</u> (ADDRESS) <u>3235 Gillham Plaza</u>		
20. FILED <u>Sept 12, 1937</u> <u>M. D. Grome</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Chronic infarctus myocardi
73c

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of operation _____

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? _____
 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) [Signature], M. D.
 (Address) [Signature]

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.

OCCUPATION
 FATHER
 MOTHER

