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.

REC'D MAY 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Clair
Township Tober
City Toberville Mo (No. ..... St. ..... Ward)

Registration District No. 770
Primary Registration District No. 6016

File No. 15716
Registered No. .....

2. FULL NAME Fredrick Samuel Ohring
(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

3. SEX M
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 Bertha Oehring
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-27-1879
7. AGE YEARS 58 MONTHS 7 DAYS 13 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Nebraska 6

FATHER
13. NAME Hannibal Oehring 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Rebecca Carstetter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Bertha Oehring Rockville, Mo. R.F.D.
18. BURIAL, CREMATION, OR REMOVAL PLACE Toberville DATE 3-14 1938
19. UNDERTAKER (ADDRESS) F B Goodrich Reese Mo
20. FILED Mar 14 1938 Georgia F. Davidson Registrar. 691

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to Mar 13, 1938
I last saw him alive on Mar 12, 1938. Death is said to have occurred on the date stated above, at 1 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Secondary anemia	
Osteomyelitis of femur	

Other contributory causes of importance:

93C

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? No
If so, specify .....
(Signed) A. L. Hansen, M. D.
(Address) Appleton City Mo