

REC'D OCT 7 1938

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Dushing River
City Excelsior Springs (No. _____) St. _____ Ward)

Registration District No. 743
Primary Registration District No. 6237

File No. 33129
Registered No. 70

2. FULL NAME

Ursula E. Obley
(a) Residence, No. East Selby Ave. City Limits Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yacht & oil business
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) Unknown

13. NAME Christian Obley

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

15. MAIDEN NAME Unknown

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

17. INFORMANT E. E. Obley (ADDRESS) Wichita, Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burrton, Kan. DATE Sept. 26, 1938

19. UNDERTAKER Herbert Hope (ADDRESS) Excelsior Springs

20. FILED 1/29 1938 Excelsior Springs, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1938

22. I HEREBY CERTIFY, that I attended deceased from Sept 24, 1938, to Sept 23, 1938.
I last saw him, alive on Sept 23, 1938. Death is said to have occurred on the date stated above, at 11 P m.

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

Coronary Occlusion Date of onset _____

Other contributory causes of importance
Septic adhesions
urinary bladder
past 2 weeks

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? not
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) E. D. Cranger, M. D.

(Address) Excelsior Springs, Mo.

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

