

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

Do not use this space.

8365

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City Mo

Registration District No. 399
Primary Registration District No. 1007
No. 3342 Garfield Ave

File No. 1219
Registered No. 1219
St. Mo Ward

2. FULL NAME

Bernadine Otto

(a) Residence, No. 3342 Garfield St., Mo Ward.

(Usual place of abode) Length of residence in city or town where death occurred 55 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Adolph Otto

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24 - 1838

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 3 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Wm Rossellman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Miss Lockenberg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Guido Otto
(Address) 3342 Garfield Ave

15. FILED 3/23, 1927 M. M. Coroue REGISTRAR
acc

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22 - 1927
17.

I HEREBY CERTIFY That I attended deceased from March 9, 1926, to March 22, 1927 that I last saw her alive on March 22, 1927, and that death occurred, on the date stated above, at 9 P

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute nephritis
90H
95B
(duration) 1 yr. 1 mos. 1 da
CONTRIBUTORY (SECONDARY) Organic deg. of heart
mitral stenosis
(duration) long time

18. WHERE WAS DISEASE CONTRACTED long time
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS none

(Signed) E. S. Merriam, M. D.

3/23, 1927 (Address) 1225 Rielto Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 3/24 1927

20. UNDERTAKER John W Wagner 1409 Grand Ave ADDRESS

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.

THIS IS A PERMANENT RECORD

1225 Pinalto

3647

1-3 P.m.
