

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

Do not use this space.

17578

1. PLACE OF DEATH

County.....Buchanan.....

Registration District No.

Township.....

Primary Registration District No. 1001

City.....St. Joseph.....

(No. 1510 6th Avenue, St. Ward)

File No.

Registered No. 614

2. FULL NAME Mildred Mileen Ott

(a) Residence. No. 1510 6th Avenue St. Ward.

Length of residence in city or town where death occurred yrs. mos. 3 yrs. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

15. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 19 27

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

16. I HEREBY CERTIFY, That I attended deceased from June 7, 1927, to June 7, 1927 that I last saw h. or alive on June 7, 1927 and that death occurred, on the date stated above, at 12:00 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7, 1927.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 0 3

Pneumonia
1927/6/10

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Infant. (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri.

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

10. NAME OF FATHER Frank Ott.

17. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

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

WAS THERE AN AUTOPSY? No.

12. MAIDEN NAME OF MOTHER Iva Kunyon. 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Forbes (STATE OR COUNTRY) Missouri.

WHAT TEST CONFIRMED DIAGNOSIS? clin (Signed) M. P. Moran, M. D. 6/12, 1927 (Address) West Patrick Bldg

14. INFORMANT Frank Ott. (Address) 1510 6th Avenue

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

15. FILED John G. J. J. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forbes Missouri. DATE OF BURIAL June 12 19 27
 20. UNDERTAKER H. O. Sienfaden ADDRESS 1802 Union St.

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

5 1927

