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

Do not use this space.

16185

1. PLACE OF DEATH

County: Buchan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 574

City: St Joseph Mo (No. Missouri Methodist Hosp St. ..... Ward)

2. FULL NAME Sophia Ott

(a) Residence. No. 1021 North 4th St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	4	5	

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

9. BIRTHPLACE (CITY OR TOWN) Stockhome
(STATE OR COUNTRY) Sweeden

PARENTS

10. NAME OF FATHER Francis Alden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stockhome
(STATE OR COUNTRY) Sweeden
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stockhome
(STATE OR COUNTRY) Sweeden

14. INFORMANT J. A. Ott
(Address) 1021 North 4th

15. FILED MAY 7 1928, 19 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1928, to May 7, 1928 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 12:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, acute Lobar
Lower Rt. Lobe
1376
10.8
127.8 (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Pyo Salpinx acute, Chronic
Cholecystitis (duration) ..... yrs. ..... mos. ..... ds. unknown.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Findings, Lab.

0138

5/7 (Signed) E. M. Shores, M. D
, 19 28 (Address) 317 Kirkpatrick Bldg.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt Auburn	May 9, 1928

20. UNDERTAKER	ADDRESS
Fleiman Funeral Hom	1208 Francis

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.