22 1928

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

Do not use this space.

23358

1. PLACE OF DEATH

County: Cole — Registration District No.: 210,[illegible] — File No.:

Township: Osage Bend — Primary Registration District No.: 5 3014 — Registered No.: 186

City: (No. ..... St. ..... Ward)

2. FULL NAME Donnabell Otto

(a) Residence. No. 416 Walnut St. 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: Female
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: Joseph Otto

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 20th. 1905

7. AGE: Years 22 — Months 9 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Mt. Washington
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Wm. Loy
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Washington
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Unknown

14. INFORMANT: Joseph Otto
(Address): Jefferson City, Mo.

15. FILED 8-4, 1928 — S V Bedford MD, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Did not attend her or that I last saw her alive on ..... 19..., and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Drowned accidentially while swimming in Osage River

183 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 182 (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Witnesses

(Signed) L. A. T. Meyer Coroner, M. D.

7/31, 1928 (Address) Jefferson City Mo.

*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: St. Peters Cemetery — DATE OF BURIAL: 8-2 1928

20. UNDERTAKER: C. P. Heinrichs — ADDRESS: J. C. Mo.

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.