27 1928

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

Do not use this space.

28081

1. PLACE OF DEATH

County: Osage — Registration District No.: 641 — File No.: 14

Township: Jackson — Primary Registration District No.: 5850 — Registered No.:

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

2. FULL NAME Anton Otto.

(a) Residence. No. Koeltztown. Mo. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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)
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	1	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Koeltztown,
(STATE OR COUNTRY) Osage Co. Mo.

PARENTS

10. NAME OF FATHER Stephan Otto

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

12. MAIDEN NAME OF MOTHER Katy Brunnerb

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

14. INFORMANT Leo J Otto
(Address)

15. FILED 9-5, 1928 Robert Prater
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb ....., 1928, to Aug 21, 1928 that I last saw ~~him~~ alive on Aug 21, 1928, and that death occurred, on the date stated above, at 10.00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Carcinoma

44 a

(duration) ..... yrs. 9 mos. — ds.

CONTRIBUTORY (SECONDARY) .....

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

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

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. J. Radmacher, M. D

, 19 (Address) Argyle 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	DATE OF BURIAL
Koeltztown Mo	Aug 24 1924
20. UNDERTAKER	ADDRESS
Jose Wulff	Argyle 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.