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

Do not use this space.

1306

File No. .....
Registered No. 6

1. PLACE OF DEATH

County Howard, Registration District No. 378
Township ..... Primary Registration District No. 4222
City Fayette, (No. ....., ... St., ... Ward)

2. FULL NAME Robert Von Oertzen,

(a) Residence. No. ..... St., ... 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: Male
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 Elizabeth Von Oertzen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/24/1848

7. AGE: 80 YEARS, 7 MONTHS, 20 DAYS; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED ##
(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) Germany,
(STATE OR COUNTRY)

PARENTS

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

14. INFORMANT Mrs Francis Cochran
(Address) New Franklin Mo.

15. FILED 1-24 19 29 V. J. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) I/I4/29 19

17. I HEREBY CERTIFY, That I attended deceased from 1-11-29 ....., 19..... to ....., 19..... that I last saw h. alive on Dec 5th 29 and that death occurred, on the date stated above, at about 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart failure -
Sudden Loosing out
a few moments -
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Disabilities of old age -
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No dates known of
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Observation of those
(Signed) T. Thos. Payne, M. D
, 19 (Address) Fayette 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 City Cemetary I/16/29 — DATE OF BURIAL 19

20. UNDERTAKER Guy T. Halley. Fayette, — ADDRESS 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.

FEB 22 1929

WHITE PAPER, WITH GUARDING INK—THIS IS A PERMANENT RECORD