

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

Do not use this space.

1864

1. PLACE OF DEATH

County Jackson
Township Ramona City
City Missouri (No. Merced Hosp.)

Registration District No. 399
Primary Registration District No. 1002

File No. 1
Registered No. 457
St. _____ Ward _____

2. FULL NAME Rosalie Ostein

(a) Residence. No. 6712 Bellefontaine St. 16 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 Female 4. COLOR OR RACE Genish 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Minor

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14. 1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 11 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ramona City, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Ben Ostein

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

12. MAIDEN NAME OF MOTHER Bessie Kabeen

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

14. INFORMANT Ben Ostein
(Address) 6712 Bellefontaine

15. FILED 1-29-29 M. M. Crowe
19. _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/29 1929

17. I HEREBY CERTIFY, That I attended deceased from December 28, 1928, to January 29, 1929
that I last saw him alive on January 29, 1929, and that death occurred, on the date stated above, at 12:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Sub-acute ? months
Pneumonia - 1 week
Diabetes mellitus - 1 week
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chorea - Rheum. fever.
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Chemistry

(Signed) C. J. Eldredge, M. D.

1/29, 1929 (Address) Tathap 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 Sheffield DATE OF BURIAL 1-30-1929

20. UNDERTAKER J. P. Lewis ADDRESS Ham City, 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.

