

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

21031

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township Jefferson

Primary Registration District No. 3014

City Jefferson

File No. ....

Registered No. 143

St. .... Ward)

2. FULL NAME

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

O. E. Houser

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

Jan. 19-1890

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 | 4 | 23

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)

Jefferson City Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

John K. Ott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Elizabeth Kautsch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Schman Mo

(STATE OR COUNTRY)

14.

INFORMANT G. E. Houser  
(Address) California Mo

15.

FILED 6/14, 1929 SV Bedford

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 9-, 1928, to June 10 1929 that I last saw h. in alive on June 10 1929, and that death occurred, on the date stated above, at 9 p m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Hypernephroma  
left kidney

5.3A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 4-9 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) SV Bedford, M. D.  
6-11, 1929 (Address) Jefferson

\*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

River View Cem 6/13 1929

20. UNDERTAKER

ADDRESS

Wymore & Gordon JE Mo

