

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

Do not use this space.

27474

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2081
 City Springfield (No. 1320) Benton

File No. 584
 Registered No. 584
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1320 Benton 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15-1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 | 0 | 25-

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Brooklyn N.Y.

10. NAME OF FATHER Andrew Otterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Sarah Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) N.Y.

14. INFORMANT (Address) Mrs Otterson Springfield Mo

15. FILED Aug 12 1929 Lois Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1929

17. I HEREBY CERTIFY, That I attended deceased from 7-6-29, 1929, to 8-10, 1929 that I last saw h. alive on 8-10, 1929, and that death occurred, on the date stated above, at 3:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of lung (right)

CONTRIBUTORY (SECONDARY) HT
 (Duration) yrs. mos. ds. 1 mos. 14 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? clinical and physical
 (Signed) Mary Jean Otterson, M. D.

*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 Maple Park DATE OF BURIAL Aug 13 1929

20. UNDERTAKER Alma L. Linsinger ADDRESS Springfield

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.

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

39
 5-6-25
 1929

154
 2

24
587

1980

7
Faint handwritten text, possibly including the number 7 and some illegible characters.