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

Do not use this space.
30587

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 690
Township — Primary Registration District No. 2001 — Registered No.
City Springfield (No. Springfield Baptist Hospital St. Ward)

2. FULL NAME Ottomar Schmalzel
(a) Residence. No. 1014 N. Rogers 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
This information from Military Record

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1859 unknown

7. AGE: Years 70 | Months unknown | Days | If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ex soldier
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Ga

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

14. INFORMANT J. V. B. Crane
(Address) Springfield, Mo.

15. FILED 9-24, 1929 Lon Tharp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 20 1929

17. I HEREBY CERTIFY, That I attended deceased from about one or two years, 19..., to Sep 20, 1929, that I last saw him alive on Sep 20, 1929, and that death occurred, on the date stated above, at about 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bladder trouble, Prostatic enlargement with occasional Rectal Hemorrhage
(duration) about 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Not Known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. V. B. Crane, M. D.
9-21, 1929 (Address) 318 Pollard St.

*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 National Cemetery — DATE OF BURIAL Sep 24 1929
20. UNDERTAKER J. W. Klingner & Co. — ADDRESS Springfield, 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.