

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.

26 1930

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12501

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Bluff Primary Registration District No. 3019
 City Memphis (No. Sanitarium)
 File No. _____ Registered No. 104
 St. _____ Ward _____

2. FULL NAME Henry Ernest Otto Sr.
 (a) Residence. No. 145 East Lexington St. Ward. 3
 (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 Mary C. Otto

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 9 23

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Retired 95B
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) New York City (STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Henry E. Otto Sr.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Elizabeth Hoffman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York City

14. INFORMANT Bessie Otto (Address) 55 Main Memphis Tenn.

15. FILED 4-5-30 F. Hook REGISTRAR

B MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-4 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-15-29 to 4-3-30, 1930, and that I last saw him alive on 4-3-30, and that death occurred, on the date stated above, at 12:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary atherosclerosis Chronic
Auricular fibrillation
Hypertrophy Chronic
 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. 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 Lab.
 (Signed) F. H. Cook, M. D.
April 5 1930 (Address) Independence

*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 Mt Washington DATE OF BURIAL 4/5 1930

20. UNDERTAKER Wm Mitchell ADDRESS _____

