

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.

NOV 21 1930  
 Bedford

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

Do not use this space.

32445

1. PLACE OF DEATH

County Cole  
 Township Jefferson  
 City Jefferson (No. 2014)

Registration District No. 213  
 Primary Registration District No. 2014

File No. \_\_\_\_\_  
 Registered No. 230  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dora</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept-19-1858</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>—</u>
	DAYS <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Salver  
 (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 \_\_\_\_\_  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER \_\_\_\_\_  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Wm C G Otto  
 (Address) Jefferson City Mo

15. FILED Wm C G Otto  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-13 1930  
 17. I HEREBY CERTIFY, That I attended deceased from 10-9, 1930, to 10-13, 1930.  
 that I last saw him alive on 10-13, 1930; and that death occurred, on the date stated above, at 12:50 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis  
1208

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) 1146  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
10/13 (Signed) W C G Otto, M. D.  
10/13, 1930 (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 Flour View Cemetery  
 DATE OF BURIAL 10/15 1930

BY UNDERTAKER WYNORE-GORDON UNDERTAKING CO.  
 ADDRESS Jefferson

