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

Do not use this space.

36116

1. PLACE OF DEATH U.S.V.Hosp.
County Jackson Registration District No. 399 File No. 4521
Township Raw Primary Registration District No. 1 0 0 2 Registered No.
City Kansas City, Mo. (No. U. S. Veterans Hosp St. Ward)

2. FULL NAME WELLMAN, Otto Henry C-None WOE
(a) Residence. No. 1842 Central Ave., St., Ward. Oiler, U.S.Navy
(Usual place of abode) Dubuque, Iowa. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Wellman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	3	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Frank Wellman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Caroline Faulstich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Mary Wellman
(Address) 1842 Central Ave. Dubuque, Iowa.

15. FILED 11/7, 1930 M. M. Crowl REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 7 1930

17. I HEREBY CERTIFY, That I attended deceased from October 1, 1930, to November 7, 1930 that I last saw him alive on November 7, 1930, and that death occurred, on the date stated above, at 2:35 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, chr. interstitial and Mitral Insufficiency
1246
131
(duration) ? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cirrhosis of Liver, chr. Hypertrophic
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam. & X-ray
(Signed) W. E. Chambers, M. D.
W.E.CHAMBERS, Med. Officer in Charge
U.S.V.Hospital, Kansas City, Mo.

*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
Dubuque Iowa	11-9 1930
20. UNDERTAKER	**ADDRESS**
Freeman Mort	Tel No