

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.

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

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. State Hospital for Insane St. 2 Ward) File No. 216
Registered No. 30

2. FULL NAME Arthur Osterman
(a) Residence. No. Hannibal Mo. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. 0 mos. 4 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 Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 2 Unk Unk

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Rachel Osterman
(Address) 709 1/2 Center St Hannibal Mo.

15. John J. [Signature] REGISTRAR
FILED 10 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4th 1931
17. I HEREBY CERTIFY, That I attended deceased from April 1st 1922 to Jan 4th 1931
that I last saw him alive on Jan 4th 1931, and that death occurred, on the date stated above, at 10 20 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Neurospiral "Gen Paralysis Insane"

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
(Signed) [Signature] M. D.

1-4-31 1931 (Address) State Hosp # 2

*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

State Hospital for Insane #2 Cam Jan. 9 1931

20. UNDERTAKER ADDRESS

Heaton-Belolo-Bowman 319 S. 10th

Funeral Home

