MAR 24 1931

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

Do not use this space.

4955

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No.

Township — Primary Registration District No. 3014 — Registered No. 47

City Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Mary Elizabeth Oidtman

(a) Residence. No. 515 Broadway St., ... Ward. (If nonresident, give city or town and State)
(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18-1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Paul Oidtman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Bertha Pirner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) Mo.

14. INFORMANT Paul Oidtman
(Address) Jefferson City, Mo.

15. FILED 3-9, 1931 W. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18th. 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931 to Feb 18, 1931 that I last saw her alive on Feb 18, 1931 and that death occurred, on the date stated above, at 3.45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Probably cerebral Haemorrhage

82A (duration) ..... yrs. ..... mos. 1/2 hr 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

(Signed) Jas. H. Hill, M. D.
, 19 (Address) Jefferson 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
St. Peters Cem. J. C. Mo.	2-18-31

20. UNDERTAKER	ADDRESS
Chas. P. Heinrichs	J. C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.