

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

Do not use this space.

7756

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... Sr. Louis, (No. 3704 Osceola Street, St. Ward)

File No.
 Registered No. 2119

2. FULL NAME

Joseph Otto,
 (a) Residence, No. 3704 Osceola Street, St. 15 Ward.
 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14, 1841.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 -- 2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer.
 (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.

10. NAME OF FATHER Stephan H. Otto.

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

12. MAIDEN NAME OF MOTHER Dont Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

14. INFORMANT German Tillman (Address) 3704 Osceola Street

15. FILED 16 1931 W. C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-5, 1931, to 2-16, 1931, that I last saw him alive on 2-17, 1931, and that death occurred, on the date stated above, at 225 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia
92 H
10 1/2 H (duration) yrs. mos. 10 ds.

CONTRIBUTORY Valvular disease of Heart (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 92 W

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS clinical (Signed) Walter Jones M. D.

2/16, 1930 (Address) 3400 Main St.

*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 Linn, Mo. DATE OF BURIAL Feb. 19 1931.

20. UNDERTAKER W. C. Starker ADDRESS W. C. Starker

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.

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