

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

Do not use this space.

11166/

1. PLACE OF DEATH

County Putnam

Registration District No. 724

Township York

Primary Registration District No. 5955

City Putnam (No. 1)

File No. 8

Registered No. 8

St. Putnam Ward 1

2. FULL NAME

(a) Residence, No. 1

(Usual place of abode)

St. Putnam

Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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)

Widower

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

Ospha Auser

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

Feb 10 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

64

1

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired telegrapher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

3

11. Total time (years) spent in this occupation

40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dahlgreen Ill.

FATHER

13. NAME

Samuel B. Auser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Don't know

MOTHER

15. MAIDEN NAME

Matilda C Shelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Harrison O Ill.

17. INFORMANT (ADDRESS)

B. F. Ausering Allerton Ia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Harrison Ia

DATE Mar. 25 1931

19. UNDERTAKER (ADDRESS)

G. C. Statton Powersville Mo

20. FILED

7/27 1931

J. A. Goad

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1931

22. I HEREBY CERTIFY That I attended deceased from Mar 1 1929 to Mar 24 1931

I last saw him alive on Mar. 23 1931 Death is said

to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis & valvular insufficiency
92 A
92 D
137

Date of onset

1929

Other contributory causes of importance:

Prostatic enlargement

Name of operation Prostatectomy Date of Mar 24 1931

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. A. Goad, M. D.

(Address) Powersville Mo

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.

APR 25 1931

