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.

JUN 27 1931

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

Do not use this space.

22078

1. PLACE OF DEATH
County: Madison — Registration District No.: 038
Township: Park — Primary Registration District No.: 0724
City: ..... (No. ..... St. ..... Ward)
File No.: ..... Registered No.: .....

2. FULL NAME: Otto A Lange

(a) Residence. No. ..... St., ... 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Bertha M Lange

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 28 1900

7. AGE: Years 34 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

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): Mo

PARENTS
10. NAME OF FATHER: Otto W Lange
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Bertha E Morgan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Bertha M Lange
(Address): Flat River Mo

15. Filed 6/7 1931 C H Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-3-1931

17. I HEREBY CERTIFY, That I attended deceased from 6 3, 1931, to 6 3, 1931 that I last saw deceased alive on 6 3, 1931, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Neck broken at 3 cervical vertebra caused by accident while driving auto and wrecking it 74 miles west of Fredericktown on Hwy 70 ..... hrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Losing grade and high speed ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: 210 Miles
IF NOT AT PLACE OF DEATH: ..... 210 Miles
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Viewed and examined
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) C H Davis, M. D.
(Address) Coroner Madison Co

*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: Lutheran Cemetery Farmington — DATE OF BURIAL: 6/7 1931
20. UNDERTAKER: Neidert Und. Co — ADDRESS: Farmington Mo