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.

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

Do not use this space.

39146

1. PLACE OF DEATH

36 County Franklin — Registration District No. 293 — File No.

Township Boles — Primary Registration District No. 5411 — Registered No. 42

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

2. FULL NAME Henry H. Oetters

(a) Residence, No. Labadie, Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Louisa Oetters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-2-1845

7. AGE: YEARS 87 — MONTHS 4 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmers,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own farm
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

FATHER

13. NAME: Otto Oeters,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Mary Fogelpole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Louisa Oeter ~~Oeter~~ Labadie, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Labadie, Mo DATE Dec. 21, 1932

19. UNDERTAKER (ADDRESS): Schrader Und. Co Gallurn, Mo

20. FILED Dec 20, 1932. Helen M. Thiele
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec-18-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14-, 1932, to 12-17-, 1932

I last saw him alive on 12-17, 1932. Death is said to have occurred on the date stated above, at 8 A.m.

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

cerebral hemorrhage

Date of onset

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) D. E. Williams, M. D.

(Address) Union Mo

Dr. Williams
Union, MO