

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

Do not use this space.

39425

**1. PLACE OF DEATH**

44 County Holt Registration District No. 369  
 2 Township Stonewall Primary Registration District No. 4215  
 3 City Craig (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 17

**2. FULL NAME**

Otto A Voltmer

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 1 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Voltmer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14, 1888</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>6</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>171</u>		
10. Date deceased last worked at this occupation (month and year) <u>Sept 1932</u>		11. Total time (years) spent in this occupation <u>11</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooming Missouri</u>		
13. NAME <u>Litz Voltmer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Martha Schatz</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Albert Voltmer St. Joseph Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>2607 Cem. Craig</u> DATE <u>Dec 29 1932</u>		
19. UNDERTAKER (ADDRESS) <u>C W David Craig MO</u>		
20. FILED <u>12-29-1932</u>		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27, 1932

2. I HEREBY CERTIFY, That I attended deceased from 12-11, 1932 to 12-27, 1932  
 I last saw him alive on 12-26, 1932 Death is said to have occurred on the date stated above, at 1:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cardiac Renal disease  
95B  
9573  
 Other contributory causes of importance:  
(D)

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Owen Wheeler, M. D.  
 (Address) Craig Mo

Date of onset  
Pres x  
9-28-32

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.

JAN 9 2 1933

WHITE FRONT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Registrar.

