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

Do not use this space.

29375

OCT 20 1933

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield (No. Burger Hospital St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 687

2. FULL NAME: Otis Allen Divan
(a) Residence, No. 612 S. Fremont 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.

39 3 5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 23-1909
7. AGE: Years 23 | Months 10 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mo. State Highway Dept
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): Mo

FATHER
13. NAME: Edward E. Divan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Eugenia McFarland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Gene Divan 612 S. Fremont
18. BURIAL, CREMATION, OR REMOVAL PLACE: Maple Park Cemetery DATE: Sep 28, 1933
19. UNDERTAKER (ADDRESS): J. W. Klingner & Co Springfield Mo.
20. FILED 9-26, 1933 Ralph W. Angeton Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/18, 1933 to 9/26, 1933
I last saw him alive on 9/26, 1933. Death is said to have occurred on the date stated above, at 8 30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis acute. Recent	
12 18	
12 20	
6 9 10	10/10

Other contributory causes of importance:
Jaundice
Toxemia

Name of operation: Appendectomy Date of: 9/18/33
What test confirmed diagnosis? Operation 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?
If so, specify
(Signed) J. O. Lewis, M. D.
(Address) Springfield 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.

WRITE PLAINLY, WITH INDIAN INK—THIS IS A PERMANENT RECORD