WHITE 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.

37350

1. PLACE OF DEATH

County Nodaway. Registration District No. 624 File No.

Township ~~Hopkins.~~ Primary Registration District No. 4375 Registered No. 14

City Hopkins. (No. , St. Ward)

2. FULL NAME Jasper N. Otis.

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

Length of residence in city or town where death occurred yrs. mos. 10 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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eunice C. Otis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 6. 1861

7. AGE: YEARS 72 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Taylor Co. Ia.

FATHER
13. NAME: ~~Merril Otis.~~
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

MOTHER
15. MAIDEN NAME: Farmar Meyers.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana.

17. INFORMANT (ADDRESS): Judge Merril Otis Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: White Oak cemetery DATE: Nov. 9. 1933

19. UNDERTAKER (ADDRESS): Price Fur. Co. Maryville Mo.

20. FILED 11/9 1933 O. H. Sayler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1933 to Nov 8, 1933

I last saw him alive on Nov 8, 1933. Death is said to have occurred on the date stated above, at 10 30 a.m.

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

	Date of onset
Chronic myocardial disease of heart.	4 yrs
Other contributory causes of importance:	
Arterio Sclerosis	Many
Many infected tooth sockets	

Name of operation Date of

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

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) [signature], M. D.
(Address) Hopkins Mo