

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

Do not use this space.

19500

1. PLACE OF DEATH

County Boone
Township Wedge
City Hartsburg (No. _____)

Registration District No. 76
Primary Registration District No. 5710 B.

File No. 5
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Hartsburg St. _____ Ward. 11

(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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUNE 19, 1904</u>		
7. AGE	YEARS	MONTHS
	<u>29</u>	<u>11</u>
		DAYS
		<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Saloon</u>		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>HERMANN MO</u>		
13. NAME <u>JOHN O'HANRAHAN</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>HERMANN MO</u>		
15. MAIDEN NAME <u>LENA OETIKER</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>HERMANN MO</u>		
17. INFORMANT <u>HERMANN BLUMER</u> (ADDRESS) <u>BERGER MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>HERMANN MO</u> DATE <u>JUNE 19, 1934</u>		
19. UNDERTAKER <u>HERMANN BLUMER</u> (ADDRESS) <u>HERMANN MO</u>		
20. FILED <u>7/5</u> 19 <u>34</u> <u>H. H. Hunsicker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-12-1934 to 6-12-1934, 1934.

I last saw him X alive on 6-11-1934, 1934. Death is said to have occurred on the date stated above, at 12:1 AM.

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

Struck & mangled by M. K. & J. P. R. Train
Head crushed - leg broken - foot cut off - Body bruised

Other contributory causes of importance:
2076
2077

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 Accident Date of injury 6-11-1934
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) E. S. Davis, Coroner MO
(Address) Columbia MO

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.

JUL 20 1934

MISSOURI STATE BOARD OF HEALTH

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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaughlin, M. D.,
Special Agent,
Jefferson City, Mo.

19500

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Boone

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ernest Otter

Who died at _____ on June 11 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 29 Months 11 Days 22

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: _____ Month _____ Year _____

Birthplace (State or country) Head crushed - leg broken

Birthplace of father (State or country) Foot cut off - Body

Birthplace of mother (State or country) Crushed

Principal cause of death: Must have sat down on RR tracks and went to sleep - as he left town walking -

Other contributory causes of importance _____

Name of operation _____ Date of _____

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

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar H.A. [Signature] Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official-envelope which requires no postage.

Reg. Dist. No. 76

Very truly yours,

Primary Reg. Dist. No. 5110 4

E. T. McLaughlin
S. C.

Special Agent.