

JUL 2 2 1935

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

Do not use this space.

16738  
2252

1. PLACE OF DEATH

County Jackson  
Township                       
City Kennett (No.                     )

Registration District No.                       
Primary Registration District No.                       
(No. M.C.Y. Hospital)

File No.                       
Registered No.                       
St.                      Ward                     

2. FULL NAME

Ottie Maxine Romesburg  
(a) Residence, No. 615 N Main Eldorado Spring Mo.  
(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 Female 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. 10 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child  
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

13. NAME A. J. Romesburg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Martha Clouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT A. J. Romesburg  
(ADDRESS) Eldorado Spring Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Eldorado Spring Mo DATE 6-2-35

19. UNDERTAKER Hafers Funeral Home  
(ADDRESS) Eldorado Spring Mo

20. FILED 6-1-35 Mon Crowe  
Assoc Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/31/35 . 1935

22. I HEREBY CERTIFY That I attended deceased from                      1935 to                      1935  
I last saw h.                      alive on                      1935 Death is said to have occurred on the date stated above, at                      m.

The principal cause of death and related causes of importance were as follows:  
Lymphatic Tuberculosis Date of onset                       
                      
                     720

Other contributory causes of importance:  
                      
                    

Name of operation Autopsy 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                      1935  
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)                      M. D.  
(Address)                     

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.

