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

SEP 16 1935

Do not use this space.

28076

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 7160

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME John Oth

(a) Residence, No. Black Jack Mo St., N R Ward. St Louis, Co 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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha E. Oth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	8	1	

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) Switzerland

FATHER

13. NAME Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Mrs W. F. Ruhs 4408 Florissant Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethania Cem DATE Aug. 24 1935

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5966 Easton ave

20. FILED AUG 24 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:45 P m.

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

Lobar Pneumonia right lung

Bronchial Pneumonia left lung

following contusions of right chest rec'd when kicked by mule

Date of onset

Other contributory causes of importance: on his farm

188

261

Name of operation ..... 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? Accid Date of injury Aug 21, 1935

Where did injury occur? Near Black Jack Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Kicked by mule

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify Farming

(Signed) Harold [illegible], ~~M. D.~~

(Address) Depfor