

NOV 13 1935

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

Do not use this space.

35629

1. PLACE OF DEATH

County Wetzel
Township Polk
City Union Star, Mo.

Registration District No. 41-6 (562)
Primary Registration District No. 262

File No.
Registered No.
St. Ward)

2. FULL NAME Ernest Vernon Ott

(a) Residence, No. Union Star, Mo. St., Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 36 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Maurine Ott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
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) Jan. 1934 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co. Missouri

13. NAME Samuel Ott

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

15. MAIDEN NAME Martha Gage

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

17. INFORMANT Nancy M. Ott (ADDRESS) Union Star Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Nov. 3, 1935

19. UNDERTAKER Lucile M. Wilson (ADDRESS) Union Star Mo

20. FILED 11/2, 1935 E. W. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1935

22. I HEREBY CERTIFY, That, I attended deceased from Nov 1, 1935 to Nov 1, 1931. I last saw him alive on Nov 1, 1931. Death is said to have occurred on the date stated above, at 6 4 m.

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

Angina Pectoris Date of onset Nov. 1. 35

Other contributory causes of importance: Coronary Thrombosis Myocarditis

Name of operation None Date of None
What test confirmed diagnosis Clinical Was there an autopsy? None

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? No
If so, specify.....
(Signed) E. W. Reynolds M. D.
(Address) Union Star 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.

RECORD THIS IS A PERMANENT RECORD

JAN 17 1948

FEB 24 1948