

FEB 13 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

45911

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 10City St. Joseph,(No. Missouri Methodist Hospital)

File No.

Registered No. 3

St. Ward

2. FULL NAME

Washington Ozenberger(a) Residence, No. R.F.D. #1.

St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 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

Florrie Ozenberger

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

Mar. 9, 1873

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

631022

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)

Nov. 193511. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Buchanan Co., Mo.

FATHER

13. NAME

Daniel Ozenberger

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

Millerburg, Ohio.

MOTHER

15. MAIDEN NAME

Elizabeth Hassenmeyer

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

Terre Haute, Ind.

17. INFORMANT (ADDRESS)

Mrs. Florrie OzenbergerR.F.D. #1.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE Feb. 4, 1936

19. UNDERTAKER (ADDRESS)

Walter Maierhofer
1302 Aaron St. St. Joseph, Mo.

20. FILED

FEB 4 1936

John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1935, to Feb. 1, 1936I last saw him alive on Jan. 20, 1936 Death is said to have occurred on the date stated above, at 8.20 m. P.M.
The principal cause of death and related causes of importance were as follows:Coronary SclerosisDate of onset 12/2/35

Other contributory causes of importance:

arteriosclerosis
arterio-sclerosis
Bronchitis
Pneumonia
10/2/35
1936
1/10/36Name of operation none Date ofWhat test confirmed diagnosis? Phys. Exam Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury, 19Where 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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) H. G. Thompson Jr., M. D.
(Address) 825 Charles St. St. Joseph, 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.

