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

Do not use this space.

6197

1. PLACE OF DEATH MAR 21 1936

County Jacks-W Registration District No. 399

Township Kaw Primary Registration District No. 1002

City Kansas City (No. 5933 Cherry St. Ward)

File No. 1018

Registered No.

2. FULL NAME Mrs Sarah Albina Otterbein

(a) Residence, No. 5933 Cherry St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe

4. COLOR OR RACE White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Hile Otterbein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17-1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Cedar Rapids Iowa

FATHER

13. NAME Joseph W Baker

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

MOTHER

15. MAIDEN NAME Mary Jane Davey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Penn

17. INFORMANT (ADDRESS) Mrs Max L Basemann

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar Rapids Iowa DATE Feb-25 1936

19. UNDERTAKER (ADDRESS) D W Newcomers Sons Kansas City-Mo

20. FILED 7/25 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1935, to February 24, 1936

I last saw her alive on February 24, 1936. Death is said to have occurred on the date stated above, at 1:45 P.m.

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

	Date of onset
Cerebral embolism	Febr. 16, 1936
82 b	

Other contributory causes of importance:

Auricular fibrillation	October 1935

Name of operation None Date of —

What test confirmed diagnosis? Examination Was there an autopsy? No

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 — none

(Signed) Graham Asher, M. D.

(Address) 1220 Professional Bldg Kansas City-Mo