

JUL 27 1936

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

Do not use this space.

24026

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Farmington, Mo.

Registration District No. 773
Primary Registration District No. 6018A

File No. _____
Registered No. 96
St. _____ Ward _____

2. FULL NAME James Ostrander

(a) Residence, No. Brentwood, Mo. St. _____ Ward _____

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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 Mrs. James A. Ostrander (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min. 71 7 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Moro (STATE OR COUNTRY) Illinois

13. NAME Daniel Ostrander

14. BIRTHPLACE (CITY OR TOWN) Syracuse (STATE OR COUNTRY) New York

15. MAIDEN NAME Rachel McCann

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

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE June 4 1936

19. UNDERTAKER Clark Funeral Home (ADDRESS) St. Louis, Ib.

20. FILED June 3, 1936 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1935 to June 1 1936

I last saw him alive on June 1 1936. Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Generalized Arterio Sclerosis (with some terminal gastric-intestinal upset, the nature of which was not determined)

Other contributory causes of importance:

Senile Psychosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____, 1936

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) P. S. Jahn M. D.

(Address) State Hosp. #4 Farmington Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

