DEC 30 1936

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

Do not use this space.
34913-1
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1. PLACE OF DEATH
County Linn — Registration District No. 458 — File No.
Township — Primary Registration District No. 4301 — Registered No.
City Brookfield (No. ... St. ... Ward)

2. FULL NAME Amelia Dorthea Oosterdorff

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.M.	W.	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	77	6	8	

OCCUPATION

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

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) Malgra Sweden

FATHER

13. NAME A. P. Oosterdorff

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

MOTHER

15. MAIDEN NAME Elena Jacobson

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

17. INFORMANT (ADDRESS) Harvey Livingston Marceline, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Cambry, Mo. DATE Sept. 20, 1936

19. UNDERTAKER (ADDRESS) C. A. Larson Brookfield Mo.

20. FILED Sept 20, 1936 J. F. Carturell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/18, 1936, to 9/18, 1936.
I last saw h[illegible] alive on 9/18, 1936 Death is said to have occurred on the date stated above, at 11:47 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	9/18/36

Other contributory causes of importance:
Chronic Interstitial Nephr.
Chronic Myocarditis
Hypertension

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? ... 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) H. L. Grupe D.O.
(Address) Brookfield, 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.