

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

Do not use this space.

DEC 18 1936

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township _____ Primary Registration District No. 3019
 City Jefferson (No. _____) St. _____ Ward _____

File No. 40762
 Registered No. 316

2. FULL NAME Louis Albert Oidtman

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 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 Marie Oidtman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-21-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 1 28

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

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) Osage County, Mo.

MOTHER FATHER 13. NAME John Oidtman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County, Mo.

15. MAIDEN NAME Elizabeth Nilges

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County, Mo.

17. INFORMANT Mrs. Marie Oidtman
 (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE Nov-21-1936

19. UNDERTAKER Joseph V. Gordon
 (ADDRESS) Jefferson City, Mo.

20. FILED 11/26/36 W. B. Gordon
 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1936, to Nov. 18, 1936
 I last saw h. i. alive on 11/18, 1936. Death is said

to have occurred on the date stated above, at 3:40 P.M.
 The principal cause of death and related causes of importance were as follows:

Hypertrophy & Dilatation of the heart
terminal pneumonia
Nephritis
Chilosis of liver.

Date of onset to 10/16
11/3
11/3

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy?

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) D. N. Kirk Henderson, D.O.
 (Address) 221 1/2 E. High St. Jefferson City, 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.

