

FEB 17 1937

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

Do not use this space.

1773

1. PLACE OF DEATH

County Jackson Registration District No. 299 File No. 1773
Township Kaw Primary Registration District No. 1002 Registered No. 1773
City Kansas City, Mo. (No. Wesley Hospital) St. _____ Ward _____

2. FULL NAME Mrs. Ottie Eisele

(a) Residence, No. 8551 Harrison 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 Female 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 Albert Eisele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 7 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 235

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) Excelsior Springs Missouri

13. NAME Arth E. Welton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Excelsior Spgs Mo

15. MAIDEN NAME Lura Titus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do't Know

17. INFORMANT Albert Eisele
(ADDRESS) 8551 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb. 2 1937

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED 271 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1937 to Jan. 31 1937.
I last saw him alive on Jan. 20 1937. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Bronchitis

Name of operation None Date of _____
What test confirmed diagnosis Personal 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?
If so, specify Yes

(Signed) W. M. Thomas M.D.
(Address) 314 Chamberlayne

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Dr. W. A. Thomas
Memphis, Tenn.
1030 to 4 PM
V. 12