

MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH
3 County Wheeler Registration District No. 19
2 Township Calder Primary Registration District No. 4013
2 City Rock Port (No. _____) St. _____ (Ward) _____

2. FULL NAME Mary Agnes Ottman
(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.

File No. 15569
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. J. Ottman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-9-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 2 3

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

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) Peoria Ill.

13. NAME Sebastian Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mathing Ditzendamer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Ernest Ottman
(ADDRESS) Rock Port, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stump Hill Cem. DATE 4-10-37

19. UNDERTAKER Geo. Beckelmann
(ADDRESS) Rock Port, Mo.

20. FILED 4-12-37 Mary G. Chamberlain
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1936, to Jan. 25, 1937
I last saw her alive on Jan. 26, 1937 Death is said to have occurred on the date stated above, at 7:30 a. m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Atherosclerosis
Date of onset _____

Other contributory causes of importance:
9412

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 Wm R. Strickland, M. D.
(Signed) _____
(Address) Rockport, 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.

