

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

Do not use this space.

20099

**JUN 2 1 1937**

1. PLACE OF DEATH  
 County Greene Registration District No. 318  
 Township Springfield, Mo. Primary Registration District No. 2001  
 City Springfield, Mo. No. 1309 N. Clay 9 St. 7 (Ward)  
 2. FULL NAME Otis A. Kost  
 (a) Residence, No. 1309 N. Clay St. 7 Ward. 7  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Bessie Kost  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1883  
 7. AGE YEARS 53 MONTHS 5 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Pensioned  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soldier  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from June 1<sup>st</sup>, 1937, to June 3<sup>rd</sup>, 1937.  
 Last saw him alive on June 3<sup>rd</sup>, 1937. Death is said to have occurred on the date stated above, at 11:45 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Cardio-renal syndrome  
Myocarditis -  
Several slight attacks of  
apoplexy -  
 Other contributory causes of importance:  
Artero-sclerosis  
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Mo.  
 13. NAME Geo. L. Kost  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania  
 15. MAIDEN NAME Martha Ann Henderson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT Mrs. F. VanDyke (ADDRESS) Springfield, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE June 5, 37  
 19. UNDERTAKER Harman Lohmeyer Funeral Home (ADDRESS) Springfield, Mo.  
 20. FILED June 4, 1937 Charl A. George Registrar (Address) 410 W. Scruff Bldg. Springfield, Mo.

Name of operation None 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 No  
 (Signed) M. F. VanDyke M. D.  
Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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SECRET

TOP SECRET

SECRET