

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

49 JUL 29 1937

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

Do not use this space.

24002

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 2002
 City Jasper (No. 2017 Annie Baxter Ward 4)
 2. FULL NAME Wassie S. Ostergard
 (a) Residence, No. 2017 Annie Baxter St. Ward. 4
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 1851

7. AGE YEARS 86 MONTHS 2 DAYS 28 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fisco R. R. Co

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) Denmark

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Frances Wyatt

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo. DATE June 26 1937

19. UNDERTAKER (ADDRESS) Ed. Joire

20. FILED 6-28-37 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1937

22. I HEREBY CERTIFY That I attended deceased from 5-14-1935 to 6-25-1937
 I last saw him alive on 6-25-1937 Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Arterio-Sclerosis
 Date of onset

Other contributory causes of importance:
Arterio-Sclerosis

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

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 1

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify
 (Signed) J. S. [Signature] M. D.
 (Address) [Address]

