

SEP 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Chariton  
Township Brunswick  
City Brunswick (No. \_\_\_\_\_)

Registration District No. 169  
Primary Registration District No. 4078

File No. 30394  
Registered No. 32  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME EDITH MARIE OSTERMAN.

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-21-1937</u>		
7. AGE YEARS	MONTHS	DAYS
-	-	-
If LESS than 1 day, <u>21</u> hrs. or <u>30</u> min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>None</u>
	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) Brunswick Mo.

13. NAME Henry Osterman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co. Mo.

15. MAIDEN NAME Mary Straub

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

17. INFORMANT, (ADDRESS) Henry Osterman No.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick DATE Aug 22 1937

19. UNDERTAKER (ADDRESS) W. H. ... No.

20. FILED Aug 22 1937 Harry E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/21/37 1937, to 8/22/37 1937. I last saw him alive on 8/22/37 1937. Death is said to have occurred on the date stated above, at 10:30 AM. The principal cause of death and related causes of importance were as follows: Pneumonia Date of onset

Other contributory causes of importance: 154

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_ (Signed) John M. Wilson, M. D.  
Brunswick, 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.

