

DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Summit
City Half Summit

Registration District No. 109
Primary Registration District No. 5752A

File No. 10836
Registered No. 626

2. FULL NAME

Elizabeth Mary Oltman

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1937 to Nov 19 1937

I last saw her alive on Nov 19 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25-1865

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 5 26

Terminal, Bronchopneumia
to Chronic Interstitial
nephritis.

Date of onset
Nov 1937
1937

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Diabetes 59 1930

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City

13. NAME My niece

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

15. MAIDEN NAME Miss Hiscourt

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

17. INFORMANT (ADDRESS) Mrs Adolph Backer
Half Summit

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Nov 23 1937

19. UNDERTAKER (ADDRESS) Dawson Taggart
Jefferson City

20. FILED Dec 10 1937 Oltman
Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical. 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? no
If so, specify _____

(Signed) Gas N. Helly M. D.
(Address) Jefferson City 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.

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OCCUPATION

MOTHER FATHER

