

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.

REC'D APR 27 1938

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

Do not use this space.

11735

1. PLACE OF DEATH

County *Fettis*
Township *4*
City *Sedalia* (No. *Bothwell Hosp.*)

Registration District No. *668*
Primary Registration District No. *3032*

File No. *84*
Registered No. *668*
St. _____ Ward _____

2. FULL NAME *Otto Koester 236*

(a) Residence, No. *Stone mo.* 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

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 *Laura Weichert*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 7-1887*

7. AGE YEARS *50* MONTHS *8* DAYS *1* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. *Farmer*

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) *Stone, mo.*

13. NAME *August Koester*

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

15. MAIDEN NAME *Mollie Brandt*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stone, mo.*

17. INFORMANT *Mrs. Otto Koester* (ADDRESS) *Stone, mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Stone Cem.* DATE *March 10, 1938*

19. UNDERTAKER *Chapp Hudson* (ADDRESS) *Stone, mo.*

20. FILED *3-8-38* 19 *38* *Jean Slack* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 7-1938*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 25*, 1938, to *Mar 7*, 1938

I last saw him alive on *Mar 8*, 1938. Death is said to have occurred on the date stated above, at *7:30 p.m.*

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

Coronary embolism Date of onset _____

Other contributory causes of importance: *Old case of appendicitis with gangrenous appendix*

Name of operation *appendectomy* Date of *Feb 25-38*

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) *M. P. Hyslop*, M. D. (Address) *Sedalia Mo*

