

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

*Dr. [Signature]*  
 Do not use this space.

REC'D MAY 18 1938

14622

1. PLACE OF DEATH  
 County Greene Registration District No. 318  
 Township Springfield Mo. 940 S. Weller Primary Registration District No. 2801  
 City Springfield Mo. 940 S. Weller (No. 940 S. Weller)  
 2. FULL NAME Cora B. Ott 300  
 (a) Residence, No. 940 S. Weller St., 300 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.

File No. 312  
 Registered No. 312  
 St. \_\_\_\_\_ Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 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 \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 - 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 0 29  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher (Retired)  
 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) Springfield Missouri  
 FATHER  
 13. NAME Eli D. Ott  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 MOTHER  
 15. MAIDEN NAME Mary Ann Conneff  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) Arcia Ott Springfield Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE April 11, 1938  
 19. UNDERTAKER (ADDRESS) Oliver Samuels Springfield Mo.  
 20. FILED April 11, 1938 Chas. A. Berg Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 - 1938  
 22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938 to April 9, 1938  
 I last saw her alive on April 9, 1938 Death is said to have occurred on the date stated above, at 8:45 a. m.  
 The principal cause of death and related causes of importance were as follows:  
hemia, resulting from  
arteriosclerosis  
cerebral hemorrhage  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 8201  
 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) Samuel, M. D.  
 (Address) Springfield Mo

Exact statement of OCCUPATION is very important. Do not leave in blank terms, so that it may be properly classified.

