

REC'D MAY 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Scott

Township Fanshelt Mo.

City Fanshelt Mo. (No.) (St.) (Ward)

Registration District No. 1181

Primary Registration District No. 4588

File No. 15985

Registered No. 314

2. FULL NAME

(a) Residence, No. Otto J. Medefeld 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Still Born

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

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) Fanshelt Mo.

13. NAME Otto Medefeld

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hamburg Mo.

15. MAIDEN NAME Eva Lovellette

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

17. INFORMANT (ADDRESS) Otto Medefeld Fanshelt Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lightner DATE 4-8-1938

19. UNDERTAKER (ADDRESS) Robert C. Crowell Fanshelt Mo.

20. FILED 4-8-1938 E. A. Cannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/7/38, 19, to 4/7/38, 19.

I last saw h. Still born alive on 4/7/38, 19. Death is said to have occurred on the date stated above, at 1:38 m.

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

Still born

Other contributory causes of importance:

Name of operation none 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) E. A. Cannon, M. D.

(Address) Oran 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.

