

REC'D MAY 22 1939

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

15455
Do not use this space.

1. PLACE OF DEATH

(a) County Macou Registration District No. 526
(b) Township 2 J.A. Primary Registration District No. 5700 Registered No. _____
(c) City Atlanta, Mo. (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

30 Annett Otto
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Fred Otto
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 6 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Wisconsin
13. NAME Wm Raff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada
15. MAIDEN NAME Eveline Ealy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
17. INFORMANT (ADDRESS) Oscar Gross Atlanta Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mitchell House DATE 4-18-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funerary Atlanta Mo
20. FILED April 27, 1939 Ruth M. Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1939
22. I HEREBY CERTIFY, that I attended deceased from Mar - 2 - 1939 to April - 15 - 1939
I last saw him alive on April - 15 - 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Derepression of Stomach Date of onset (?)
Other contributory causes of importance: 46
Name of operation N/A Date of _____
What test confirmed diagnosis? Cancer 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) J. L. Canine, M. D.
(Address) Atlanta 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-948

Date Filed MAY 9 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

H. M. Goldring, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed H. M. Goldring

Licensed Embalmer No. 1754

P. O. Address Atlantic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.