

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

Do not use this space.

33137

1. PLACE OF DEATH

County Franklin Registration District No. 1124
 Township Madison Primary Registration District No. 58519
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Harmon Jackson Van Ostran
 (a) Residence, No. Frederick P.O. 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 7 13

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) Frederick Mo

13. NAME Chas Van Ostran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick Mo

15. MAIDEN NAME Laura Traylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick P.O. Mo

17. INFORMANT Laura Van Ostran (ADDRESS) Frederick Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Grand Cemetery DATE Sept 27 1939

19. UNDERTAKER Neighbors of Van Ostran (ADDRESS) Frederick

20. FILED Oct 8 1939 Wm. H. Beecher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1939 to Sept 25 1939
 I last saw him alive on Sept 25 1939 Death is said to have occurred on the date stated above, at 7. P. m.
 The principal cause of death and related causes of importance were as follows:

6 colitis.
 Date of onset Sept 18 1939
 1196

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Wm. H. Beecher, M. D.
 (Address) Frederick Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is not necessary.

