

1934 NOV 20 1930

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

35516
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001
(c) City or St. Joseph (d) Street No. 125 S. 21st. 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 43 yrs. - mo. - ds. (f) How long in U. S., if of foreign birth? 43 yrs. - mo. - ds.

Registered No. 1033

2. PRINT FULL NAME Alice Elizabeth Otto

(a) Residence, No. 125 S. 21st 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 Herman Otto

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1878.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Unknown Ireland

13. NAME John Ring

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

15. MAIDEN NAME Alice O'Connor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) Herman Otto 125 S. 21st Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE Oct. 13 1939
Mt. Olivet Cemetery

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. C. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED Oct 17 1939 D. J. Nestlebruech
22 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/30, 1939 to 10-10, 1939
I last saw OR alive on 10-9, 1939. Death is said to have occurred on the date stated above, at 6:50 PM
The principal cause of death and related causes of importance were as follows:

Apoplexy
Arterio-sclerosis
Other contributory causes of importance: ?
Date of onset 10-1-39

Name of operation None Date of
What test confirmed diagnosis Phy. exam 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) M. H. Talty M.D. M. D.
85 (Address) Carby Bldg. St. Joseph Mo.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
V. S. NO. 2. 50M-9-19-38 I X 16625
K. 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.

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, or by.....

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

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, Mo.

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.