

V 20 1928

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

Do not use this space.

32829

1. PLACE OF DEATH

County..... Buchanan
Township.....
City..... St. Joseph, Mo.

Registration District No.....
Primary Registration District No.....
(No. St. Joseph's Hoapital)

File No.....
Registered No. 1225
St. _____ Ward)

2. FULL NAME

Otto V. Waswo

(a) Residence. No. 923 No. 9th. St. St. _____ Ward. _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 27 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov, 23, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 11 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bank Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Mo. Valley Trust Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

10. NAME OF FATHER John F. Waswo

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Matilda Yensen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Matilda Waswo
(Address) 923 No. 9th. St.

15. FILED Oct 27 1928 REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct, 26, 1928

17. I HEREBY CERTIFY, That I deceased from March 26, 1921, to Oct 26, 1928, that I last saw him alive on Oct 26, 1928, and that death occurred, on the date stated above, at 11.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59 Diabetes Mellitus

(duration) 7 yrs. 7 mos. ds. CONTRIBUTORY (SECONDARY) none

(duration) _____ yrs. _____ mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 923 No 9

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Mustaw [Signature], M. D. (Address) Kirkpatrick Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mt. Mora Cemetery

Oct, 27, 1928

20. UNDERTAKER

Walter Maierhoffer

ADDRESS 1302 Faraon St

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.

