

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

Do not use this space.

40005

**PLACE OF DEATH**

County Linn  
Township 3rd  
City (No. ....)

Registration District No. 496  
Primary Registration District No. 5660

File No. ....  
Registered No. 92  
St. .... Ward)

**2. FULL NAME**

Julius S. Omsdorff  
(a) Residence No. RFD # 2 St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Omsdorff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
62 11 13

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Pennarlops Por Shore  
(STATE OR COUNTRY) Sweden

10. NAME OF FATHER A. P. Omsdorff

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

12. MAIDEN NAME OF MOTHER Elena Jacobson

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

14. INFORMANT Mrs Christina Anderson  
(Address) Gresham, Or.

15. FILED Dec 11, 1930 Bessie M. Fore  
Deputy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1930 to Dec 10, 1930 that I last saw him alive on Dec 10, 1930 and that death occurred, on the date stated above, at 1.45 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Bronchitis  
107A  
1567 (duration) yrs. .... mos. 18 ds.  
CONTRIBUTORY Acute Broncho pneumonia  
(SECONDARY) (duration) yrs. .... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED 1000  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS and dual methods  
(Signed) W. J. Haley M. D.  
, 19 (Address) Brookfield Mo

\*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.

15. PLACE OF BURIAL, CREMATION OR REMOVAL New Cambridge DATE OF BURIAL Dec 12, 1930

20. UNDERTAKER B. McNeil ADDRESS Brookfield

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.

JAN 20 1931

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