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

Do not use this space.

1951

File No. .....

Registered No. 1

FEB 27 1934

1. PLACE OF DEATH

County: Morgan

Township: Richland

City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 601

Primary Registration District No. 5796

2. FULL NAME: Helena Louise Otten

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Henry Otten

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 27-1839

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	3	24	

8. OCCUPATION OF DEASCED

(a) Trade, profession, or particular kind of work: Housewife

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

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lacrosse Wisconsin

PARENTS

10. NAME OF FATHER: Henry Knuedeman

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

12. MAIDEN NAME OF MOTHER: Anne Katherine Theig

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

14. INFORMANT: Miss Jennie Knuedeman
(Address): Florence

15. FILED 1-22 1934 Mrs. Edwin Brenner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-21 1934

17. I HEREBY CERTIFY, That I attended deceased from 1-19-34, 19..., to 1-21-34, 19..., that I last saw h. ~~he~~ alive on 1-21-34, 19..., and that death occurred, on the date stated above, at 8:30 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

Gen. (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. E. Holtzhausen, M. D.

1/24/34 (Address) Smithton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Olive, New Florence, Mo

DATE OF BURIAL: 1-23-1934

20. UNDERTAKER: A. F. Nennemann

ADDRESS: Smithton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.