

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 8 1934

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

Do not use this space.

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 5011
City Excelsior Springs, Mo. Veterans Administration Facility st. 3rd Ward)

File No. 23766

Registered No. _____

2. FULL NAME Benjamin H. Osterloh,

(a) Residence, No. Hartsburg, 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. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 8, 1896</u>		
7. AGE	YEARS	MONTHS
	<u>38</u>	<u>4</u>
		DAYS
		<u>13</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Clerical Work</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>unknown</u>
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>	11. Total time (years) spent in this occupation <u>XX</u>

12. BIRTHPLACE (CITY OR TOWN) Big Springs, Mo.
(STATE OR COUNTRY)

13. NAME John G. Osterloh

14. BIRTHPLACE (CITY OR TOWN) Warren Co. Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Bookhorst

16. BIRTHPLACE (CITY OR TOWN) Warren Co., Mo.
(STATE OR COUNTRY)

17. INFORMANT Records, Veterans Facility
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hartsburg DATE July 21, 1934

19. UNDERTAKER Herbert Hope
(ADDRESS) Excelsior Springs, Mo.

20. FILED July 22, 1934 Mr. R. M. Conroy
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1934
22. I HEREBY CERTIFY, That I attended deceased from 7-17-34, 1934, to 7-21-34, 1934.
I last saw him alive on July 21, 1934. Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:

Heat Stroke
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XX Date of injury XX, 1934.
Where did injury occur? XX
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury XX
Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) H. C. Hardegree, M. D.
(Address) H. C. HARDEGREE,
V.A. Facility, Excelsior Springs,
Mo.

