

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

Do not use this space.

4676

MAR 21 1935

1. PLACE OF DEATH

County Chariton Registration District No. 169  
Township Bauley Green Primary Registration District No. 5236  
City Dalton Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 8

2. FULL NAME ELVA MARY OETTING

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. W. J. Oetting  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-12-1892  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
42 11 5

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

12. BIRTHPLACE (CITY OR TOWN) Dalton Mo  
(STATE OR COUNTRY)

MOTHER 13. NAME Pearl Gratjan  
14. BIRTHPLACE (CITY OR TOWN) Dalton Mo  
(STATE OR COUNTRY)

15. MAIDEN NAME Minnie Munson  
16. BIRTHPLACE (CITY OR TOWN) Dalton Mo  
(STATE OR COUNTRY)

17. INFORMANT H. O. Gratjan  
(ADDRESS) Dalton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dalton Mo DATE Feb 19 1935

19. UNDERTAKER L. W. Weisell  
(ADDRESS) Parsons Mo

20. FILED Feb. 19, 1935 Harry E. Totum  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-17 1935  
22. I HEREBY CERTIFY, That I attended deceased from August 1934 to Feb. 17 1935  
I last saw him alive on Feb. 17 1935. Death is said to have occurred on the date stated above, at 8 A. m.  
The principal cause of death and related causes of importance were as follows:

Inanition due to metastatic carcinoma of Ovaries. Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_  
Name of operation Hysterectomy Date of Jan. 1937  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) G. W. Held D.D. \_\_\_\_\_, M.D.  
(Address) Dalton, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS 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.

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY  
5708 SOUTH CAMPUS DRIVE  
CHICAGO, ILLINOIS 60637  
TEL: 773-936-3700  
FAX: 773-936-3700  
WWW: WWW.CHEM.UCHICAGO.EDU

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WASHINGTON

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Chariton Registration District No. 169 File No. 4676  
Township..... Primary Registration District No. 5236 Registered No. 8  
City..... (No....., ..... St. .... Ward)

2. FULL NAME

Elva Mary Oetting

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
42 11 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, 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)

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Jan-11-1935 Harry E. Tatum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....  
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follows:

Transition due to metastatic carcinoma of ovaries.  
Uterine Carcinoma  
Primary origin  
Other contributory causes of importance:

Name of operation Hysterectomy Date of..... Jan 1935  
What test confirmed diagnosis?..... Was there an autopsy?.....

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?  
If so, specify.....  
G. W. Held, D. O. (Signed)..... M. D.  
Dalton, Mo. (Address).....

SUPPLEMENTARY

4494-5