

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

Do not use this space.

6506-  
97

MAY 27 1936

1. PLACE OF DEATH  
County Jefferson Registration District No. 424  
Township Big River Primary Registration District No. 5579  
City (No. St. Ward)

2. FULL NAME Ella Johanna Charlotte Ottomeyer  
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jos A. Ottomeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 2 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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) 2/26/35 11. Total time (years) spends in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Springfield 1935 to 1936, 1936  
I last saw her alive on Feb 26, 1936. Death is said to have occurred on the date stated, above, at 11:06 a.m.  
The principal cause of death and related causes of importance were as follows:  
Suicide by drowning by walking into an 1/2 acre pond on Ottomeyer's farm 3 miles South East of S. Cedar Hill Date of onset

Other contributory causes of importance: 11:06

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

13. NAME Dietrich Henry Dietrich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Louisa Berner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) J. A. Ottomeyer Hillboro. Mo. R. 2.

18. BURIAL, CREMATION, OR REMOVAL PLACE Biggers Cemetery DATE Feb. 28 36

19. UNDERTAKER (ADDRESS) J. B. Brimmer Hannay Springs Mo

20. FILED May 20 36 W. Cator Registrar.

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. Suicide Date of injury 2/26 36, 1936  
Where did injury occur? (Specify city or town, county, and State)  
3/4 mile from from drowning  
Manner of injury drowning  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Louis H. Starr acting M. D.  
(Address) High Ridge Mo. Hannay

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

100M-11-24-33

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.

