

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

Do not use this space.

AUG 20 1936

26439

1. PLACE OF DEATH

County Jackson
Township Plata
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 252
St. Ward)

2. FULL NAME

Mr. Albert Mohr Ott
(a) Residence, No. 804 W. Waldo St., Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 71 yrs. 6 mos. 3 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Margaret B Ott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4 - 1865</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>6</u>
	DAYS <u>3</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>Lawyer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Christian Science Park</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7-36</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Independence Mo.</u>		
FATHER	13. NAME <u>Christian Ott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Louise Mohr</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mr. Albert M Ott 804 W Waldo Ind Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>mt Wash</u> DATE <u>July 9 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Ott + Mitchell Independence Mo</u>		
20. FILED <u>7-16-1936</u> <u>J. K. Cook</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1936, to July 7 1936
I last saw him alive on July 6 1936. Death is said to have occurred on the date stated above, at 100 m.
The principal cause of death and related causes of importance were as follows:
Mitral Stenosis Date of onset 1930
970
Other contributory causes of importance: about
Atherosclerosis 1925

Name of operation Date of

What test confirmed diagnosis? Clinical 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) J. K. Hickerson, M. D.
(Address) Independence Mo

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.

