

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

48 County Jackson
Township Washington
City Martin City (No.) St. Ward)

Registration District No. 404Primary Registration District No. 5558File No. 7015Registered No. 13

2. FULL NAME

Mary Burt Oster 2:6
(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 Chas. W. Oster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 0 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Martin City Mo13. NAME Paldeen Burt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Elyzabeth Schaffner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn17. INFORMANT Chas W. Oster(ADDRESS) Martin City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Marsh DATE 2/7 193819. UNDERTAKER E. F. George & Sons(ADDRESS) Martin City Mo20. FILED 2-5 1938 Wm J J Burman

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 23rd 1938 to Feb 4th 1938, 1938
I last saw her alive on Feb 1st 1938. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Artery Occlusion Date of onset 4/1/38
94B-

Other contributory causes of importance:

Coronary Sclerosis

Name of operation none Date of

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? 1

If so, specify

(Signed) Dr. Burman M. D.311 (Address) Martin City Mo

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.

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