REC'D SEP 26 1938

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

29279
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson
(b) Township Madison
(c) City
Registration District No. 427
Primary Registration District No. 5582
Registered No. 41
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ottillie Laura Gudde
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: J. B. Gudde
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 20 - 1871
7. AGE: Years 67 | Months 9 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as 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): St. Louis, Missouri
FATHER
13. NAME: Richard Fink
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri
MOTHER
15. MAIDEN NAME: Mary Obert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri
17. INFORMANT: J. B. Gudde
(ADDRESS) Holden, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Holden Cemetery DATE Aug 28, 1938
19. FUNERAL DIRECTOR (NAME) T. W. Goodman
(ADDRESS) Holden, Mo.
20. FILED Aug 27, 1938 Mrs G. H. Richard Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to Aug 26, 1938
I last saw h. on alive on Aug 26, 1938. Death is said to have occurred on the date stated above, at 8:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	
Other contributory causes of importance: Chronic Nephritis	

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? 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
(Signed) Kelly Rawlins, M. D.
(Address) Holden Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/18/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed T.W. Goodman

Licensed Embalmer No. 2424

P. O. Address Holden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.