

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

31616
 Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Blue Primary Registration District No. 100
 (c) City Kansas City Mo Street No. KANSAS CITY TUBERCULOSIS HOSPITAL Registered No. 3714
 (II 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Clayton Ott
 (a) Residence, No. 4334 Wayne Ave St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 21 1910
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 yrs 5 mos 1 day
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mining
 9. Industry or business in which work was done, as saw mill, bank, etc. Engineer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Clayton E Ott
 14. BIRTHPLACE (CITY OR TOWN) Elkhart
 (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Jessie Baker
 16. BIRTHPLACE (CITY OR TOWN) Hoisington
 (STATE OR COUNTRY) Kansas

17. INFORMANT K. G. J. B. Hospital
 (ADDRESS) Leeds Station

18. BURIAL, CREMATION, OR REMOVAL
 PLACE MEMORIAL PARK DATE SEPT. 23 1939

19. FUNERAL DIRECTOR D. W. Newsome
 (ADDRESS) K.C. Mo. D. W. Newsome III

20. FILED Sept 23 1939 M. M. Crone
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 22 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 9-22, 1939.
 I last saw him alive on 9-22, 1939. Death is said to have occurred on the date stated above, at 2:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tbc.
23
 Date of onset 2-1-39

Other contributory causes of importance:
Tubercular meningitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-Ray Was there an autopsy? yes

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 man
 Nature of injury man

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify mining
D. W. Newsome M. D.
 (Address) Kansas City 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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Emile M. Calhoun

Licensed Embalmer No. 3506

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