

MISSOURI STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1559
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30
(b) Township 0 Primary Registration District No. 3003
(c) City Monett (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME August Othenin,

(a) Residence, No. 718 Broadway 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilde Othenin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1849
7. AGE YEARS 90 MONTHS 7 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as saw mill, bank, etc. Lumber Dealer
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) France 7

FATHER 13. NAME Don't Know 9

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 9

MOTHER 15. MAIDEN NAME Don't Know 9

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. Ida B. Adams,
(ADDRESS) Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE I.O.O.F. Cemetery DATE Jan. 9, 1940

19. FUNERAL DIRECTOR (NAME) Callaway's,
(ADDRESS) Monett, Mo.

20. FILED 1-9- 140 W. M. West
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1940 1940

22. I HEREBY CERTIFY That I attended deceased from Dec. 23, 1939, to Jan 6, 1940
I last saw him alive on Dec. 23, 1939. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset _____
107h

Other contributory causes of importance Influenza

Name of operation None Date of _____
What test confirmed diagnosis? Physical 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. H. Russell _____, M. D.
(Address) Monett, Mo. 200

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. 6,

District File Number 240-378

Date Filed FEB 10 1940

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

J. P. Buchanan

Registered Apprentice No. _____

working under my personal supervision.

Signed

J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett Mo.

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.)

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