

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

Do not use this space.
31052

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2nd
City Springfield (No. 940 S. Miller)

File No. _____
Registered No. 713
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 940 S. Miller 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 | 3 | 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

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) Springfield Missouri

13. NAME Eli D. Ott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Md.

15. MAIDEN NAME Mary Carnegie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri

17. INFORMANT (ADDRESS) Wm. B. Ott

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Oct. 2-1931

19. UNDERTAKER (ADDRESS) August Lohmeyer F.H.

20. FILED 20-1 - 1931 John Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1925, to Sept. 30, 1931
I last saw him alive on Aug. 10, 1931. Death is said to have occurred on the date stated above, at 2:50 P.M.

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

Fibrous myocarditis
Adhesive pericarditis
aneurism of l. ventricle

Date of onset
?
?
?

Other contributors, causes of importance:

93C
90B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Only

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) W. B. Ott M. D.
(Address) Springfield 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.

OCT 22 1931

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