

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

Do not use this space.

14987

1. PLACE OF DEATH
 County Monterey Registration District No. 571
 Township Walker Primary Registration District No. 4335
 City California (No.) St. Ward

2. FULL NAME Olivia Louise Bantrop

(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 W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Bantrop

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 6 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monterey Co Mo

10. NAME OF FATHER Frederick Watterburger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Wm Bantrop California Mo

15. FILED 4-25-1931 J. W. Roth REGISTRAR
0-15-31

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24-1931

17. I HEREBY CERTIFY, That I attended deceased from 2-26-, 1931, to 4-24-, 1931 that I last saw her alive on 4-15-, 1931, and that death occurred, on the date stated above, at 7 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
1060

CONTRIBUTORY (SECONDARY) 1060 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. R. Popejoy, M. D.
+ 25 - 1931 (Address) A. R. Popejoy California Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery **DATE OF BURIAL** 4/26 1931

20. UNDERTAKER William T. Friedman California 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.

APR 27 1931

1949-1950

1949-1950

UNIT 3

1949-1950