

JUN 23 1932

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

Do not use this space.

16831

1. PLACE OF DEATH
68 County Monteau
1 Township Waller
2 City California (No.)
2. FULL NAME Mrs. Minnie Osterly
(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

Registration District No. 571
Primary Registration District No. 4335
File No.
Registered No. 22
St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Geo. Osterly
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1872
7. AGE YEARS 59 MONTHS 5 DAYS 23 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Germany
13. NAME Jacob Kramer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Wetzel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Mrs. Minnie Osterly
18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Hill DATE May 4, 1932
19. UNDERTAKER (ADDRESS) W. H. & S. H. Co.
20. FILED 5/4 1932 Geo. W. Roth Registrar.

OCCUPATION
FATHER
MOTHER

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2nd, 1932
22. I HEREBY CERTIFY That I attended deceased from 19... to 19...
I last saw him alive on May 1st, 1932 Death is said to have occurred on the date stated above, at 5:15 P.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris
94W
Other contributory causes of importance:
Myocarditis
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 L. M. Gray (Signed) M. D.
(Address)

