

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township State Grove
City Braymer

Registration District No. 914
Primary Registration District No. 6235

File No. 24838
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Lena Estel Oster

(a) Residence No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. _____ mos. _____ ds. long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Oster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 9 2

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) Mo

10. NAME OF FATHER James Taylor

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

12. MAIDEN NAME OF MOTHER Lillian Hart

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

14. INFORMANT Joe Oster
(Address) Braymer Mo

15. FILED July 30 1928 W. E. Hart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1926, to July 26 1928 that I last saw him alive on July 25 1928, and that death occurred, on the date stated above, at 1105 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis with
arterial hypertension
131

932 (duration) 2 yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Chronic interstitial
hepatitis (duration) 2 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? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical symptoms
(Signed) Geo. S. Dowdell, M. D.
July 26 1928 (Address) Braymer, 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 New Hope DATE OF BURIAL 7/27 1928

20. UNDERTAKER B. F. Mead ADDRESS Braymer Mo

K. E.—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.

Dr. H. G.