

No. 5792

STATE OF MINNESOTA  
Division of Vital Statistics

1 PLACE OF DEATH

County of Ramsey

CORONER'S CERTIFICATE OF DEATH

Township \_\_\_\_\_  
or

Reg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_  
(Above numbers to be filled in only by local registrar or his deputy)

Village \_\_\_\_\_  
or

City ST. PAUL MINN. No. SIXTH STREET BRIDGE St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OTIS EDGAR CLYMER

(2) Residence No. HUDSON WISCONSIN St. \_\_\_\_\_ Ward Hudson, Wisc.  
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX 4 COLOR or RACE 5 Single, Married, Widowed or Divorced (write the word)  
MALE WHITE MARRIED

16 DATE OF DEATH  
FEBRUARY 27th 1922  
(Month) (Day) (Year)

1 If married, widowed or divorced HUSBAND of (or) WIFE of ? CLYMER

17 I HEREBY CERTIFY, That I was called to investigate the death in the above entitled case and believe the facts as herein stated to be true.

DATE OF BIRTH (month, day and year) JAN. 27th 1876

DEATH DUE TO (Natural Causes) (Homicide) Accident (Outside)  
CAUSE OF DEATH  
DURATION IN Years Months Days or Hours

AGE Years Months Days If LESS than 1 day, hrs. or min.  
50 2 0

FRACTURED SKULL  
INTERNAL HEMORRHAGE  
Contributory DUE TO AUTOMOBILE RUNNING OFF OF BRIDGE

OCCUPATION OF DECEASED  
(a) Trade, Profession, or particular kind of work AUTOMOBILE DEALER  
(b) General nature of industry, business or establishment in which employed (or employer)  
(c) Name of Employer

Signed \_\_\_\_\_ M. D., Coroner  
By \_\_\_\_\_ Deputy

BIRTHPLACE (city or town) (State or Country) PENN.

19 NAME OF FATHER DAVID B. CLYMER

BIRTHPLACE OF FATHER (city or town) (State or Country) PENN.

20 MAIDEN NAME OF MOTHER SARAH AUGPIOT

BIRTHPLACE OF MOTHER (city or town) (State or Country) PENN.

Informant (Address) GEORGE TRIER HUDSON WISC.

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

1901 \_\_\_\_\_ 19 \_\_\_\_\_ Registrar

18 Where was disease contracted? If not at place of death?  
Did an operation precede death? Date of \_\_\_\_\_  
Was there an autopsy? YES  
What test confirmed diagnosis?

19 PLACE OF BURIAL or REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS