

REC'D MAR 20 1939

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

7943  
Do not use this space.

1. PLACE OF DEATH

(a) County Schuylers Registration District No. 806  
(b) Township Prarie Primary Registration District No. 6091 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louisa Gottman

(a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1939

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Gottman

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1939, to Jan 17, 1939  
I last saw him alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 2:00 A. m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1853  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 85 7 23

Broncho-pneumonia Date of onset \_\_\_\_\_  
93C

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
Infirmities of old age  
myocardial degeneration

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuylers Co Mo

FATHER 13. NAME John Knittle 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Drescher 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr. John Gottman  
Duken City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Germania Cemetery DATE Feb 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mohrhead's  
Lancaster, Mo.

20. FILED 2-28 1939 J.T. Jones  
By Oliver Jones Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Dr. R.E. Vaughn, M.D.  
Lancaster, Mo.

Deputy Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

98

RECEIVED

District Health Officer No. 10

District File Number 10-39-441

Date Filed MAR 15 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

True Morehead

at by P. O. Fenton

Registered Apprentice No. 3705 working under my personal supervision.

Signed True Morehead

Licensed Embalmer No. 3731

P. O. Address Laureaster Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.