

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Schuyler
Township Prairie
City (No.)

Registration District No. 806
Primary Registration District No. 6051

File No. 24988

Registered No. St. Ward

2. FULL NAME

William F. Gottman

(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 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Elizabeth Gattman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 28

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Farmer

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) Schuyler Co Mo.

13. NAME Andres Gattman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Louise Knittle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co Mo.

17. INFORMANT (ADDRESS) Mrs Mary Gattman

18. BURIAL, CREMATION, OR REMOVAL PLACE Germania DATE June 3 1937

19. UNDERTAKER (ADDRESS) True Montthead
Canaster Mo

20. FILED June 25 1937 J. T. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1937, to June 11, 1937.

I last saw him alive on June 11, 1937. Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Chronic Myocarditis

Date of onset

Other contributory causes of importance:

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) Carl T. Dainoff, M. D.
(Address) Peacaster Mo

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.

