

51
DEC 29 1930

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

Do not use this space.

36597

1. PLACE OF DEATH

County Jefferson
Township Jackson
City Rural

Registration District No. 421
Primary Registration District No. 5575

File No. _____
Registered No. 98
St. _____ Ward _____

2. FULL NAME Lorenz Gortner

(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Magdalena Gortner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 16-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 11 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Austria Hungary
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Sylvester Gortner
(Address) Pewee Mo

15. FILED 11/13 1930 J. E. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH -

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Coroner August, 1930, that I last saw h. alive on _____, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gunshot wound of heart
Homicidal

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED _____ (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Coroner August

(Signed) St. Alter Eubank M. D.

, 1930 (Address) Crown of Jefferson Co. 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 DATE OF BURIAL

Herculanum Cemetery Nov. 15 1930

20. UNDERTAKER ADDRESS

Fred Heiligtag Kimmswick Mo RR#3

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.

