

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2073

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Marion Registration District No. 547  
Township Hannibal Primary Registration District No. 3079  
City Hannibal (No. \_\_\_\_\_)

2. FULL NAME

(a) Residence, No. 610 Lindell Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. 1 mos. 5 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 Lora Bross

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
26 10 3

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Marion County  
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER John Gottman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marion County, Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Belle Mooter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri.

14. INFORMANT Cecil Gottman  
(Address) Palmyra, Mo.

15. FILED 1/7 31 Blouin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Jan 5, 1931  
that I last saw him alive on Jan 3, 1931, and that death occurred, on the date stated above, at 6:25 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Staphylococcus of face  
98A  
710 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Meningitis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 79 W  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) J. A. Rose M. D.  
1-7-1931 (Address) Hannibal 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 Palmyra, Mo. DATE OF BURIAL 1/9/ 19 31  
Greenod Cemetery

20. UNDERTAKER Lewis Bross ADDRESS Palmyra, Mo.

