

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.

APR 21 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9441

1. PLACE OF DEATH

County GASCONADE
 Township HERMANN
 City HERMANN (No.)

Registration District No. 303
 Primary Registration District No. 4182

File No.
 Registered No. 9
 St. Ward

2. FULL NAME ELIZABETH BOTTERMANN

(a) Residence. No. 113 SCHILLER St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ☒ mos. ☒ da. How long in U. S., if of foreign birth? 85 yrs. ☒ mos. ☒ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF GEORGE BOTTERMANN

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY-21-1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 9 30

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND

10. NAME OF FATHER ☒ DANUSER

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

12. MAIDEN NAME OF MOTHER UNKNOWN

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

14. INFORMANT Mrs Frank Rebsamen
 (Address) HERMANN, MO.

15. FILED 3-22-31 Anna Krick
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 20 19 31

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931, to Mar 20, 1931.
 that I last saw her alive on Mar 20, 1931, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Amaloid Liver (Hepatitis)

131
1853
 (duration) yrs. 2 mos. da.
 CONTRIBUTORY Albuminuria
 (SECONDARY) (duration) one yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH at place of death
 DID AN OPERATION PRECEDE DEATH? NO DATE OF 11
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS General diagnosis
 (Signed) H. J. Rickhoff M. D.
 , 19 (Address) Hermann 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
HERMANN CITY CEMETERY 3/23 1931

20. UNDERTAKER ADDRESS
HERMAN BLUMER HERMANN
MO.

