

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

Do not use this space.

16074

1. PLACE OF DEATH

County..... Cole Registration District No. 213
 Township..... Primary Registration District No. 9014
 City..... Jefferson (No., St., Ward)

2. FULL NAME..... Mrs. Mattie S. Gott

(a) Residence, No., St., Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Alex Gott
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-10-1866
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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)..... Ohio (STATE OR COUNTRY)

FATHER 13. NAME William Cobern

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

MOTHER 15. MAIDEN NAME Elizabeth Rice

16. BIRTHPLACE (CITY OR TOWN)..... Unknown (STATE OR COUNTRY)

17. INFORMANT Alex Gott (ADDRESS) Ulman, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Ulman, Mo DATE May-24- 19 33

19. UNDERTAKER John J. Gordon (ADDRESS) Jefferson City, Mo

20. FILED 6/7/33 19 33 John J. Gordon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to May 22, 1933
 I last saw him alive on May 22, 1933 Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Myocarditis
1200
930
 Other contributory causes of importance 930

Name of operation Hemiotomy Date of operation May 16, 1933
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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?.....
 If so, specify.....
 (Signed) J. C. [Signature], M. D.
 (Address) [Address]

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.

JUN 22 1933

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