

MAY 35 1934

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

Do not use this space.

17433

1. PLACE OF DEATH

County Marion
Township Liberty
City Palmyra (No. _____)

Registration District No. 548
Primary Registration District No. 4323

File No. _____
Registered No. 35
St. _____ Ward _____

2. FULL NAME

Herman C. Gottman
Residence, No. Palmyra, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel Gottman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1883
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 9 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bemis Bag Co.
10. Date deceased last worked at this occupation [1928 and year] _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Christian Gottman

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

MOTHER 15. MAIDEN NAME Wilhelma Kempf

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

17. INFORMANT (ADDRESS) Casper Gottman Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra, Mo. DATE 5/8/34, 1934

19. UNDERTAKER (ADDRESS) Lewis Bran Palmyra, Mo.

20. FILED 5-7- 1934 Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1934, to May 6th 1934.

I last saw him alive on May 6th 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Uremia - from chronic interstitial nephritis Date of onset 8 yrs ago

Other contributory causes of importance: 131

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury _____, 1934

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) Dr. H. C. Ordeal, M. D.
(Address) Palmyra, 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.

