

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.

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

Do not use this space.

JAN 1 6 1935

42548

1. PLACE OF DEATH
 36 County Franklin Registration District No. 293
 Township Bales Primary Registration District No. 5411
 City Gray Summit (No.) St. Ward)

2. FULL NAME WILLIAM FREDICH GOLLHOFER
 (a) Residence, No. St. Ward.
 (Usual place of abode) 7 yrs. mos. ds. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Gollhofer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 9 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ownstore
 10. Date deceased last worked at this occupation (month, day, and year) Oct. 19, 1934 11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Missouri

MOTHER FATHER
 13. NAME John Gollhofer

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

15. MAIDEN NAME Caroline Ossoonforth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) John Gollhofer Pacific, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific, Mo. DATE Dec. 22, 1934

19. UNDERTAKER (ADDRESS) John A. Thiebes & Son Pacific, Mo.

20. FILED 1-6-35 J. G. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-34 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 5:10 P.M.
 The principal cause of death and related causes of importance were as follows:

chronic illness
myocarditis
93 lbs
 Other contributory causes of importance:
dilatation of heart.

Name of operation none Date of
 What test confirmed diagnosis? autopsy 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? no
 If so, specify
 (Signed) E. H. Worthington Corcoran, M.D.
 (Address) Labadie, Mo.

