

MAY 25 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42583-6

1. PLACE OF DEATH

County WrightRegistration District No. 312Township King City mo.Primary Registration District No. 5431ACity King City mo.

(No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. King City 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 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7-</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. A. Adams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-17-1865</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>10</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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) <u>Sept-7-1934</u>	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Widow</u>	
	13. NAME <u>Frederick L. Gottschal</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Iola Huffman</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>J. A. Adams</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chgo</u> DATE <u>12-26-34</u>		
19. UNDERTAKER (ADDRESS) <u>King City mo</u>		
20. FILED <u>12-26-35</u> <u>A. W. Paul</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-193422. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1934, to Dec 24, 1934I last saw her alive on Dec 24, 1934. 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:

hypostatic congestion of lungs
chronic bronchitis
impacted fractured left rib
Sept 7 1934

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury Sept 7, 1934Where did injury occur? in home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall from porch stepNature of injury impacted fractured left rib24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Mark H. Rade M. D.(Address) King City 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.

