

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

Do not use this space.

DEC 17 1935

35432

1. PLACE OF DEATH

County Cass Registration District No. 148
 Township Mt Pleasant Primary Registration District No. 5212
 City Belton (No.) St. Ward

File No.
 Registered No. 13

2. FULL NAME

Adam Gochmaner
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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 Male 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 Sarah Gochmaner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 29, 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
 10. Date deceased last worked at this occupation (month and year) Nov. 1, 1935 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Pa.

13. NAME Adam Gochmaner

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

15. MAIDEN NAME Elizabeth Huber

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

17. INFORMANT Diville Gochmaner
 (ADDRESS) Belton, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Belton Mo DATE Nov 27 1935

19. UNDERTAKER E. K. George & Sons
 (ADDRESS) Belton Mo

20. FILED Nov 26, 1935 R. M. Miller
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935, to Nov 25, 1935
 I last saw him... alive on Oct 26, 1935. Death is said to have occurred on the date stated above, at 9:45 m. am
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1933

Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 R. M. Miller, M. D.
 (Signed) R. M. Miller
 (Address) Belton 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.

EST 17 NOV