MAR 16 1936

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

Do not use this space.

4712

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 1001 — File No. 256

Township — Primary Registration District No. — Registered No.

City St. Joseph (No. 1336 South 15th. St. Ward)

2. FULL NAME Agatha Gottwallace

(a) Residence, No. 1336 South 15th. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Valentine Gottwallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 5, 1852.

7. AGE: YEARS 84 — MONTHS 0 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) (STATE OR COUNTRY): Baden, Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Valentine Frank Gottwallace, 1336 S. 15th. Str. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery

PLACE St. Joseph Mo. DATE February 25 36

19. UNDERTAKER (ADDRESS): H. O. Siden Baden, 1802 Union Str. St. Joseph Mo.

20. FILED FEB 24 1936 John H. Benden, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1935, to 2-20, 1936

I last saw her alive on 2-20, 1936. Death is said to have occurred on the date stated above, at 8:30 P.m.

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

	Date of onset
Bracho-pneum	Feb 15
Other contributory causes of importance:	
Arthritis Chr.	?
Myocard. "	?

Name of operation None — Date of

What test confirmed diagnosis? Clin — 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, 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) Frank H. Stanlegan, M. D.

(Address) Kind Palmer Bldg.

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.