

APR 20 1937

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

Do not use this space.

12124

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No Sanitarium)

Registration District No. 398
Primary Registration District No. 3019

File No. 12124
Registered No. 99
St. Ward

2. FULL NAME

Gottlieb M. Herter

(a) Residence, No. 1123 W. Hayward St. 17 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Herter

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1937, to Mar. 16, 1937. I last saw him alive on Mar. 14, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1876

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 10 11

Empysemia of chest
developing from early in life
Diagnosed 3/12/37
Exacerbated by pneumonia
last night

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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 10 year

Other contributory causes of importance:
70% emphysema & pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME Jacob Herter

Name of operating physician W. D. Simpson Date of 3/14/37
What test confirmed diagnosis? Was there an autopsy?

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

15. MAIDEN NAME Mrs. Fannie O. Walters

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

17. INFORMANT Mrs. Fannie O. Herter (ADDRESS) 1123 W. Hayward

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Mar. 16, 1937

19. UNDERTAKER Latta Funeral Home (ADDRESS) 214 N. Sprague

20. FILED 3-17-37 F. L. Clark Registrar

N.B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

3-17-37

