

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.

W. Lake

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

Do not use this space.

REC'D MAY 11 1938

1. PLACE OF DEATH

County Cole
Township Jefferson
City (No. _____) _____

Registration District No. 213
Primary Registration District No. 5293
R.F.D.#4

File No. 14429
Registered No. 129
St. _____ Ward _____

2. FULL NAME Henry August Goldammer

(a) Residence, No. R.F.D.#4 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

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) April 20, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Goldammer

22. I HEREBY CERTIFY That I attended deceased from August 1937 to April 20, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-13-1882

I last saw him alive on April 20, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 4 7

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

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

Atherosclerosis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

Other contributory causes of importance:
Chronic Parenchymatous nephritis

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) Cole County, Mo.

13. NAME August Goldammer

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

15. MAIDEN NAME Ernestine Hurfert

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

17. INFORMANT Mrs. Henry A. Goldammer (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem. DATE Apr-22---, 1938

19. UNDERTAKER (ADDRESS) Wm. Gordon Jefferson City, Mo.

20. FILED 4/28/38 1938 W. Lake Registrar.

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? no
If so, specify _____
(Signed) Wm. Gordon (Address) Jefferson City, Mo.

