

REGD APR 11 1939

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

10769
Do not use this space.

1. PLACE OF DEATH

(a) County GASCONADE Registration District No. 305
 (b) Township BRUSH CREEK Primary Registration District No. 5423 Registered No. 8
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME PAULINE ROSELLA A. PIOTTER.

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE
 4. COLOR OR RACE WHITE
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF HERMAN PIOTTER.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 23, 1882
 7. AGE YEARS 57 MONTHS - DAYS 8
 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 3, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 2/21/39, 19... to 3/3, 1939
 I last saw her alive on 3/2, 1939. Death is said to have occurred on the date stated above, at 9:10 a.m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSE WIFE.
 10. Date deceased last worked at this occupation (month and year) 2/19/39
 11. Total time (years) spent in this occupation 38 yrs

BRAIN ABSCESS
ACUTE BILATERAL MASTOIDITIS
ACUTE BILATERAL OTITIS MEDIA
BRONCHITIS, ACUTE
PHARYNGITIS, ACUTE
 Date of onset
2/28/39
2/24/39
2/20/39
2/20/39

12. BIRTHPLACE (CITY OR TOWN) BEM,
 (STATE OR COUNTRY) MISSOURI

Other contributory causes of importance:
0

13. NAME GUSTAVE PIETRASCHKE.

Name of operation none Date of
 What test confirmed diagnosis? none Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) 0
 (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME BERTHA ZADACH

16. BIRTHPLACE (CITY OR TOWN) 6
 (STATE OR COUNTRY) GERMANY

17. INFORMANT HERMAN, PIOTTER.
 (ADDRESS) OWENSVILLE, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE BEM. EV. CEMETERY DATE 3 15, 1939

19. FUNERAL DIRECTOR W. F. GOTTENSTROETER.
 (ADDRESS) OWENSVILLE, Mo.

20. FILED 3/4, 1939 - Leith A. Bannister Local Registrar.

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) Leith A. Bannister, M. D.
 (Address) Owensville, Mo.

