

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

Do not use this space.

19018

**1. PLACE OF DEATH**

County Updalo. Registration District No. 259  
Township Sherman Primary Registration District No. 3361  
City Loney (No. H. Gottschall) St. Missouri Ward St. No.

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Emma Gottschall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-10-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 7 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Gen farming  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

10. NAME OF FATHER Fred Gottschall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eda Hoffmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT C. A. Gottschall  
(Address) Amity mo.

15. FILED June 22 1930 J. Z. Phelps REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1930, to June 21, 1930  
That I last saw him alive on June 21, 1930 and that death occurred, on the date stated above, at 7:05 P. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Acute General  
Miliary Tuberculosis

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General  
(Signed) E. W. Reynolds M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ogle Cemetery DATE OF BURIAL 6/24/1930

20. UNDERTAKER H. W. Wilson ADDRESS Spring City

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.

