FEB 27 19

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1131

File No. 1131

Registered No. 416

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 5804 Montgall St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Lottie Gottfried
(a) Residence, No. 5804 Montgall 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: 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: Not Known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 17, 1861

7. AGE: Years 72 | Months 7 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Not Known

FATHER
13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT: Mrs. Bertram Frank
(ADDRESS) 5804 Montgall

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul, Minn. DATE Jan. 28, 1934

19. UNDERTAKER: J. F. Louis Funeral Home
(ADDRESS) 3400 Woodland Ave.

20. FILED Jan 28, 1934 M. M. Grome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1934, to Jan. 27, 1934
I last saw him alive on Jan. 26, 1934. Death is said to have occurred on the date stated above, at 2:15 A. M.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset Jan. 25 1934

10 7A

Other contributory causes of importance:

~~Bronchopneumonia~~. Same

Name of operation none Date of
What test confirmed diagnosis? clinical 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) Kenneth A. Davis, M. D.
(Address) 3301 Woodland Kansas City Mo

OCT 1 1945