R 25 1934

Route

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 980 — File No. 8033
Township Epps — Primary Registration District No. 5132 — Registered No.
City ~~Route #6~~ ~~Poplar Bluff,~~ Mo. (No. ..... St. ..... Ward)

2. FULL NAME Mary Gonterman
(a) Residence, No. Route 6, Poplar Bluff, Mo. 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John Gonterman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	4	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) Shannon County Missouri

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT (ADDRESS) Harve Edwards, R #6, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL burial
PLACE Kearns Chapel DATE March 12, 1934

19. UNDERTAKER (ADDRESS) Greer Undertaking Co Poplar Bluff, Mo.

20. FILED 3/12, 1934 M S Caldwell Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1934

22. HEREBY CERTIFY, That I attended deceased from about May, 19..., to May, 1933
I last saw her alive on May, 1933 Death is said to have occurred on the date stated above, at 10:30 m PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	

Other contributory causes of importance:
General Anasarca
131
930

Name of operation none 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?
If so, specify
(Signed) Alfred R Rowe, M. D.
(Address) Poplar Bluff Mo

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.

PHYSICIAN UNABLE TO INDICATE THIS IS A PERMANENT RECORD