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.

NOV 15 1937

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 37113

Township — Primary Registration District No. 1001 — Registered No. 1086

City St Joseph (No. Mo. Meth. Hospital St. Ward)

2. FULL NAME Daisy Ellen Gottschell

(a) Residence, No. King City 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. 4 wks. 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 Homer Gottschell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	52	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Dekab County Mo

FATHER

13. NAME Matt Greer Greer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa

MOTHER

15. MAIDEN NAME Eliza Patton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

17. INFORMANT (ADDRESS) Homer Gottschell King City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE Oct 4 1937 King City Mo.

19. UNDERTAKER (ADDRESS) Lucile Wilson King City Mo

20. FILED 10-2 1937 H. J. Nestlebush By J.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 23 1937, to Oct. 2, 1937

I last saw her alive on Oct. 2, 1937. Death is said to have occurred on the date stated above, at 8:10 A. m.

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

	Date of onset
Gas gangrene of both legs	8-26-37
arteriosclerotic gangrene of both lower legs	8-23-37
Generalized arteriosclerosis	1934?
Acute toxic myocarditis	9-28-37

Other contributory causes of importance:

Thrombophlebitis both legs	8-20-37
Cerebral Thrombosis	1932

Name of operation Leg amputation Date of 8-26-37

What test confirmed diagnosis? Lab. 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) Cabray Wortley, M. D., M. D.

(Address) 731 Faraon St. St. Joseph, Mo.

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1883