DEC 16 1937

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

Do not use this space.

File No. 41117

Registered No.

1. PLACE OF DEATH
County Daviess
Township Jackson
City (No. , St. Ward)

Registration District No. 253
Primary Registration District No. 53578

2. FULL NAME Fred J. Rottman

(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 10 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Minnie Belle Rottman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 23, 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	7	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Oct. 1934
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio

FATHER
13. NAME Henry Rottman
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Roman
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Fred Rottman
(ADDRESS) R.F.D. 4 Jamesport, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lile Cemetery DATE Oct. 10, 1937

19. UNDERTAKER Hope Furn. & Undt. Co.,
(ADDRESS) Gallatin, Mo.

20. FILED Dec 15, 1937 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1937, to Oct 7, 1937
I last saw him alive on Oct 7, 1937. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) J B Bailey D.O. ~~M.D.~~
(Address) Jamesport Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.