LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

File No. 37102-18

1 PLACE OF DEATH

County

Township or Village or City (No. 3410 Dunnica St. Ward) 16D

Registration District No.

Primary Registration District No.

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME Helen V. Gingle

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) M.

6 DATE OF BIRTH Sept. 15, 1893 (Month) (Day) (Year)

7 AGE 26 yrs. 1 mo. 9 da.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Iowa.

PARENTS

10 NAME OF FATHER Patrick Doughty

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.

12 MAIDEN NAME OF MOTHER Ellen Callahan

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry J. Gingle
(Address) 3410 Dunnica

15
Filed OCT 25 1918, 191..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 24, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 10-15, 1918, to 10-24, 1918, that I last saw her alive on 10-24, 1918, and that death occurred, on the date stated above, at 3:45 p.m.

The CAUSE OF DEATH* was as follows:
Lobar pneumonia

(Duration) yrs. mos. 4 da.

CONTRIBUTORY* (Secondary) Influenza

(Duration) yrs. mos. 6 da.

(Signed) August Dreyer M. D.
10-25, 1918 (Address) 2326 Chouteau

*State the Disease Causing Death, or in deaths from Violence, (1) Means of Injury; and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Calvary

DATE OF BURIAL 10-27, 1918

20 UNDERTAKER Bergmann

ADDRESS 2623 Cherokee

NO. 1 PLACE OF DEATH
NO. 2 FULL NAME
NO. 3 SEX
NO. 4 COLOR OR RACE
NO. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
NO. 6 DATE OF BIRTH
NO. 7 AGE
NO. 8 OCCUPATION
NO. 9 BIRTHPLACE
NO. 10 NAME OF FATHER
NO. 11 BIRTHPLACE OF FATHER
NO. 12 MAIDEN NAME OF MOTHER
NO. 13 BIRTHPLACE OF MOTHER
NO. 14 INFORMANT
NO. 15 FILED
NO. 16 DATE OF DEATH
NO. 17 CAUSE OF DEATH
NO. 18 LENGTH OF RESIDENCE
NO. 19 PLACE OF BURIAL
NO. 20 UNDERTAKER