

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

Do not use this space.

26904

1. PLACE OF DEATH

County Franklin Registration District No. 296

Township Wagon Primary Registration District No. 4180

City Wagon (No.) St. Ward

File No.

Registered No.

2. FULL NAME

Christina Theodora Gerber

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 60 8 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Lyon, Mo.

10. NAME OF FATHER

Phillip Gerber

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Lucinda Cooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Clown Bottom, Mo.

14.

INFORMANT Mrs. Golda Overt
(Address) Union, Mo.

15.

FILED Sept 22 1927 Ed Stump
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Sept 21, 1927

that I last saw her alive on Sept 15, 1927, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of throat.

CONTRIBUTORY (SECONDARY)

45 F (duration) 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Her Home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General

(Signed) J. C. Walker, M. D.

27 22 1927 (Address) Union, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Old fellow Cemetery Union, Mo.

DATE OF BURIAL

Sept 23 1927

20. UNDERTAKER

Wray Horn

ADDRESS

Union Mo

THIS FORM SHOULD BE FILLED EXACTLY. PHYSICIANS SHOULD STATE EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

