MAY 31 1928

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

Do not use this space.

12859

1. PLACE OF DEATH
County Gasconade
Township
City Hermann (No. , St. Ward)
Registration District No. 303
Primary Registration District No. 4182
File No.
Registered No.

2. FULL NAME Georgina Martha Lena Gaertner
(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

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 Fritz Gaertner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28 - 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ✓ hrs. or ✓ min.
49	6	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) Berger
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Hy Oetker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ✓
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Katherine Bender
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ✓
(STATE OR COUNTRY) Germany

14. INFORMANT Fritz Gaertner
(Address) Hermann Mo

15. FILED Apr 8, 1928 W B Dickson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1928, to Apr 9, 1928, that I last saw her alive on Apr 9, 1928, and that death occurred, on the date stated above, at 10.30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of liver
3 S
1 Wk B
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Malaria
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F. H. Caughill, M. D
, 19 (Address) Hermann 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 Hermann City Cemetery
DATE OF BURIAL 4/12 1928

20. UNDERTAKER Herman Blumer
ADDRESS Hermann 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.