

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

Do not use this space.

14582

1. PLACE OF DEATH

County STE. GENEVIEVE  
Township \_\_\_\_\_  
City St. Genevieve (No. \_\_\_\_\_)

Registration District No. 780  
Primary Registration District No. 4466

File No. \_\_\_\_\_  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Catherine J. Gaffard

(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 W 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) April 25 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 11 13

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

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ralph Gaffard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wasshland  
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Marie Bauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Marys  
(STATE OR COUNTRY) Missouri

14. INFORMANT Miss Jane Gaffard  
(Address) St. Genevieve Mo

15. File No. Apr 9 1928 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1928

I HEREBY CERTIFY That I attended deceased from April 1 1928 to April 7 1928 that I last saw h. ev alive on April 6 1928 and that death occurred, on the date stated above, at 3 2 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Branch Pneumonia  
Interstient Toxemia  
(duration) yrs. mos. 2 ds.  
CONTRIBUTORY (SECONDARY) 7 ds.

18. WHERE WAS DISEASE CONTRACTED  
Not at place of death

DID AN OPERATION PRECEDE DEATH? W DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? W

WHAT TEST CONFIRMED DIAGNOSIS Direct Examine  
(Signed) W. H. Kelly M. D.  
April 9 1928 (Address) St. Genevieve 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 St. Genevieve Mo DATE OF BURIAL April 9 1928

20. UNDERTAKER John Baab ADDRESS St. Genevieve 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.

