

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **City, Mo. 1003**)

File No. **42506**

Registered No. **11737**

St.

Ward)

2. FULL NAME

(a) Residence. No. **11498** **Jahanna Gerbert** **24** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **70** yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>		4. COLOR OR RACE <i>White</i>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Unknown</i>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>May 5 1894</i>					
7. AGE YEARS <i>94</i>		MONTHS <i>6</i>		DAYS <i>26</i>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>at home</i>					
(b) General nature of industry, business, or establishment in which employed (or employer) <i>730 82A</i>					
(c) Name of employer					

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

10. NAME OF FATHER

Bernard Gerbert

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER

Jahanna Ellis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

14.

INFORMANT.....

(Address) *St. Matthews*

15.

FILED.....

1928

W. C. Staker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 1 1928

17.

I HEREBY CERTIFY, That I attended deceased from *Nov 28*, 19*28* to *Dec 1*, 19*28* that I last saw h. *9* alive on *Dec 1*, 19*28*, and that death occurred, on the date stated above, at *2:45* p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage - old chronic myocarditis chronic nephritis

CONTRIBUTORY (SECONDARY)

1290

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?

No

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

clinical
(Signed) *Edward Nelson, M.D.*
12/1, 1928 (Address) *City, 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. Matthews

DATE OF BURIAL

12/4 1928

20. UNDERTAKER

Joseph W. L. G.

ADDRESS

731 1/2 S. 1st

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

5. NO. 2

Perket.