

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

Do not use this space.

24933

1. PLACE OF DEATH

County Jackson Registration District No. 407
 Township Kansas Primary Registration District No. 8338
 City Kansas City No. 8239 Lydia

File No. _____
 Registered No. 90
 St. _____ Ward _____

2. FULL NAME

Amy Gerrard Semler

(a) Residence No. 8239 Lydia St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 1 25

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)

(STATE OR COUNTRY) England

10. NAME OF FATHER R. R. Gerrard

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

12. MAIDEN NAME OF MOTHER Ada Gough

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Harry L. Semler
 (Address) 8239 Lydia

15. FILED 701-4927 R. F. O'Connell
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1929

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1929 to July 25, 1929 that I last saw him alive on July 23, 1929 and that death occurred, on the date stated above, at 5:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Hemorrhage.

CONTRIBUTORY (SECONDARY) 10/10
 (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? no

WHAT TEST CONFIRMED DIAGNOSIS? hemorrhage

(Signed) Geo. Berry M. D.

2926, 1929, (Address) 4428 Park, Ave.

*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

Memorial Park July 26 1929

20. UNDERTAKER

S. H. Newcomer, Louisville, 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.

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4428 Park - 1.
Wed. 1898
in afternoon

Go to 38 11 Broadway - Ludsey's
for burial permit