

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.

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

Do not use this space.

31192

25 1929

1. PLACE OF DEATH

County Johnson Registration District No. 431
 Township Warrensburg Primary Registration District No. 3023
 City Warrensburg (No. _____ St. _____ Ward)

2. FULL NAME John Gfellers

(a) Residence No. 210 King St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 6 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
 (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) Switzerland

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT O. H. Weigand
 (Address) Centerview, Mo.

15. File No. Sept 10, 1929 Wm R. Pittsman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 7 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1929, to Sept 7, 1929, that I last saw him alive on Sept 7, 1929, and that death occurred, on the date stated above, at 4:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarction of coronary artery

CONTRIBUTORY (SECONDARY) 107 C 2
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH no DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) John R. Pittsman M. D.

, 19 29 (Address) Warrensburg

*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 Sunset Hill Cem **DATE OF BURIAL** 9/9 1929

20. UNDERTAKER R. Q. Phillips, Warrensburg, **ADDRESS**

