WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

11185

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. 3222

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. ISOLATION HOSPITAL St. 24th Ward)

2. FULL NAME Verla Gearheart

(a) Residence. No. 608 K Ingsland St., 12 Ward. St. Louis Co. Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/30/11

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	18	5	0	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

PARENTS

10. NAME OF FATHER Frank Gearheart

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

12. MAIDEN NAME OF MOTHER Beatrice Teverbaugh

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

14. INFORMANT Joe Laffler (Address) ISOLATION HOSPITAL

15. FILED MAR 31 1930, 19..... Max C Starkey REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-30 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1929, to Mar 30, 1930; that I last saw her alive on Mar 30, 1930, and that death occurred, on the date stated above, at 5:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
25 A
25
21 (duration) 1 yrs. 6 mos. ds.

31

CONTRIBUTORY (SECONDARY) Gastro intestinal tuberculosis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH — ?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Xray, Sputum Lab

(Signed) Henry J. Ylvisch, M. D.

3-30, 1930 (Address) ISOLATION HOSPITAL

*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	DATE OF BURIAL
Salem Mo	April 1 1930

20. UNDERTAKER	ADDRESS
Lenehouse Mfd Co	4234 Manchester