DEC 20 1930

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

Do not use this space.

85

File No. 35392

Registered No. 1214

1. PLACE OF DEATH

County Buchanan. Registration District No. 1001

Township Primary Registration District No.

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Marie Gergini

(a) Residence. No. 323 Texas Avenue St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Gergini

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 19, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Own home

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Austria Hungary

PARENTS

10. NAME OF FATHER: Nick Hoffman

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Austria Hungary

12. MAIDEN NAME OF MOTHER: Maria Schneider

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Austria Hungary

14. INFORMANT: John Gergini
(Address) 323 Texas Ave.-St. Joseph Mo.

15. FILED: 1930, 19 John G. Jett, Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 9 19 30

17. I HEREBY CERTIFY, That I attended deceased from ?, 19, to, 19, that I last saw her alive on Nov. 9, 1930, and that death occurred, on the date stated above, at 7/05 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Pancreas & liver

(duration) yrs. Several mos. ds.

CONTRIBUTORY (SECONDARY) Chronic cholecystitis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH At home

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carl Porter M. D.

Nov. 10. 19 30 (Address) for Dr. John D. Bayne

*State the DISEASE CAUSING DEATH, or if 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: Mt. Olivet Cemetery

DATE OF BURIAL: Nov. 12 1930

20. UNDERTAKER: M. Siebenfacher

ADDRESS: 1802 Union St.

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.