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

Do not use this space.

40404

1. PLACE OF DEATH

County Pulaski — Registration District No. 711 — File No. 37

Township Pulaski — Primary Registration District No. 5940 — Registered No. 18

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Dorris V Gerth

(a) Residence. No. ..... St., ... Ward. .....
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-7-1930

7. AGE — YEARS: — MONTHS: 5 — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Mo.

PARENTS

10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): ✓
12. MAIDEN NAME OF MOTHER: Louisa Gerth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Louis Gerth
(Address) Dixon Mo

15. FILED 1/8, 1930. A S Fisk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28 — 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec-27, 1930, to Dec 28, 1930 that I last saw her alive on Dec-28, 1930, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
1 C 1 A
1 C 1 A (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Cold.
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 8 1000

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A. S. Crider, M. D
, 19 (Address) Dixon 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: Dixon — DATE OF BURIAL: 12/29 1930

20. UNDERTAKER: Fred S & Gilbert — ADDRESS: Dixon Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified