MAR 25 1931

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

Do not use this space.

6104

1. PLACE OF DEATH
County: Knox
Township: Center
City: Edina Mo. (No. ..... St. ..... Ward)

Registration District No. 441
Primary Registration District No. 4259

File No.
Registered No. 86

2. FULL NAME: Catherine Gink

(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: Female
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND~~ OF (OR) WIFE OF Joseph Gink Sr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 27-1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	0	19	

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): 255
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Williamstown
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER James McMahon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Johannah O'Brien
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Elizabeth Clark
(Address) Edina Mo.

15. FILED 3/9, 1931 Geo S Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1931, to Feb. 16, 1931, that I last saw h. alive on Feb. 16, 1931, and that death occurred, on the date stated above, at 12:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
Arteriosclerosis
131
93C (duration) 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Myocarditis (duration) yrs. 7 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? No.
WHAT TEST CONFIRMED DIAGNOSIS Physical examination Laboratory diagnosis
(Signed) W. L. Landfather, M. D.
2-18, 1931 (Address) Edina, 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: St Joseph's Cemetery
DATE OF BURIAL: Feb 18 1931

20. UNDERTAKER: Kriegshauser Bro's
ADDRESS: Edina 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.