Apr. 2

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

Do not use this space.

8738

1. PLACE OF DEATH
County Benton
Township
City Lincoln (No. ..... St. ..... Ward)
Registration District No. 60
Primary Registration District No. 4035
File No.
Registered No. 6

2. FULL NAME Fred Gerken
(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.

APR 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Gerken
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17 1855
7. AGE Years 76 Months 1 Days 12 If LESS than 1 day, ... hrs. or ..... min.
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) Lincoln
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Henry A. Gerken
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hanover
(STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Margarit Hesse
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hanover
(STATE OR COUNTRY) Germany.

14. INFORMANT Stella Gerken
(Address) Lincoln Mo.
15. FILED Apr. 2, 1931 E. L. Rhodes, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/29 1931
17. I HEREBY CERTIFY, That I attended deceased from 3/28/31, 19..., to 3/29, 1931, that I last saw him alive on 3/29, 1931, and that death occurred, on the date stated above, at 10 35 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
82 A
77
(duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 20 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? no Clinical Symptoms
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs + Phys.
(Signed) C. E. Bennett, M.D.
, 19 (Address) Lincoln, 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 Lincoln Lutherian Cem. DATE OF BURIAL April 1 1931
20. UNDERTAKER J. B. Calbert Lincoln Mo. ADDRESS

Exact statement of OCCUPATION is very important. Exact statement of DEATH in plain terms, so that it may be properly classified.