

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger
Township Parsons
City Lutesville (No. _____)

Registration District No. 66
Primary Registration District No. 5702 B

File No. 8743
Registered No. _____
St. _____ Ward _____

2. FULL NAME Teris Edward Gernam

(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. da. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May M Gernam

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 3 X

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

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

10. NAME OF FATHER A. C. Gernam

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

12. MAIDEN NAME OF MOTHER Wiedler

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

14. INFORMANT May M Gernam
(Address) Lutesville Mo.

15. FILED 4/1 1931 J. J. Chandler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug. 16 1929, to March 23 1931, that I last saw him alive on March 15 1931, and that death occurred, on the date stated above, at 3-15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease
I attended him about
two and half (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 7/25
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Ill.
IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? no DATE OF 1

19 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. W. Ambush M. D.

4/1 1931 (Address) Lutesville 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 Ellis Kensar DATE OF BURIAL Mar 27 1931

20. UNDERTAKER H. G. Baker ADDRESS Lutesville

APR 5 1931

