WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 25 1931

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

Do not use this space.

11041

1. PLACE OF DEATH
80 County Pettis — Registration District No. 668 — File No.
4 Township — Primary Registration District No. 3032 — Registered No. 104
City Sedalia (No. Hospital St. Ward)

2. FULL NAME Milton Gustav Gerlt
(a) Residence. No. Stover Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED (write the word)~~
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13 - 1916

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
14	3	7	

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

9. BIRTHPLACE (CITY OR TOWN) Stover
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Julius Gerlt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stover
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Maggie Wallace
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pyrmont
(STATE OR COUNTRY) Mo.

14. INFORMANT Julius Gerlt
(Address) Stover Mo.

15. FILED Mo, 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1931, to Mar 20, 1931 that I last saw him alive on Mar 17, 1931, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
appendicites
1216
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-20-31
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Bernard
(Signed) M. P. Stone, M.D.
, 19 (Address) Sedalia

*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	DATE OF BURIAL
Stover Mo.	Mar. 22 1931
20. UNDERTAKER	ADDRESS
Claud Rapp	Stover Mo.