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.

JUN 29 1931

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

Do not use this space.

19123

File No. .....
Registered No. 35

1. PLACE OF DEATH

County .....
Township .....
City Ste. Genevieve (No. ....., ... St. ..... Ward)

Registration District No. 780
Primary Registration District No. 4466

2. FULL NAME MARYJANE GISI

(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 94 yrs. 0 mos. 15 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)
FEMALE	WHITE	WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 8 1837

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
94	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STE GENEVIEVE Co / MISSOURI

FATHER

13. NAME JAMES A RIGDON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STE GENEVIEVE Co. / MISSOURI

MOTHER

15. MAIDEN NAME JOSEPHINE KIRCHNER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BADEN / GERMANY

17. INFORMANT MRS LOUIS KERN
(ADDRESS) STE GENEVIEVE MO

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE STE GENEVIEVE MO DATE MAY 25 1931

19. UNDERTAKER JOHN BASLER
(ADDRESS) STE GENEVIEVE MO

20. FILED May 28 1931 T. W. Douglas
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1931

22. I HEREBY CERTIFY, That I attended deceased from 5/7/31, 1931, to May 23, 1931

I last saw her alive on May 22, 1931. Death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza + acute Bronchitis	5/7/31
11A	
100 C	
100 F	
11a	

Other contributory causes of importance:

Bronchopneumonia	5/11/31

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) R. N. Lanning, M. D.
(Address) Ste Genevieve, Mo.