

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

Do not use this space.

25358

1. PLACE OF DEATH

County Gasper
Township Carthage
City Carthage (No. 107 N. Fulton)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 107 N. Fulton St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jan 2-1863
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2-1863
7. AGE YEARS 68 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseskeeper
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) Findlay (STATE OR COUNTRY) Ohio

MOTHER 13. NAME A. Geiselhart

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Emelia Faust

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Henry Geiselhart (ADDRESS) Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE 7-29 1931

19. UNDERTAKER Wm. - choice (ADDRESS) Carthage Mo.

20. FILED 7/29 1931 W. H. Keck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1931

22. I HEREBY CERTIFY That attended deceased from July 23, 1931, to July 26, 1931

I last saw him alive on July 25, 1931. Death is said to have occurred on the date stated above, at 8:55 a.m.

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

Uremic Coma Date of onset July 23, 1931

Uremic Toxaemia Date of onset July 16, 1931

Other contributory causes of importance: from history

Paralytic stroke

No means of knowing onset

Name of operation Date of

What test confirmed diagnosis? Uremia Was there an autopsy? 26

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 P. A. Webster M. D.

(Signed) Carthage Mo

(Address) Carthage 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.

AUG 26 1931

