

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

Do not use this space.

26042

1. PLACE OF DEATH

County St. Clair
Township Appleton
City (No. _____) _____

Registration District No. 6002761
Primary Registration District No. 4451

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

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 4 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 <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha C. Gerkens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-16-1884</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>3</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>MO</u>		
MOTHER	13. NAME <u>Jacob J. Eye</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	
	15. MAIDEN NAME <u>Timma D. Davis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	
17. INFORMANT <u>Leroy Eye</u> (ADDRESS) <u>Appleton City MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Appleton City</u> DATE <u>July 22-1931</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Lee</u> <u>Appleton City MO</u>		
20. FILED <u>July 22, 1931</u> <u>W. Cline</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 - 1931

22. I HEREBY CERTIFY that I attended deceased from July 19, 1931, to July 20, 1931. I last saw him alive on July 20, 1931. Death is said to have occurred on the date stated above, 12:30 P. M.
The principal cause of death and related causes of importance were as follows:
Stenocardial ulcer
117B
117B
Other contributory causes of importance:

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.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. O. Rust, M. D.
(Address) Appleton City 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 29 1931

