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.

SEP 22 1931

Dr. Meyer

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

Do not use this space.

27827

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No. 226

Township — Primary Registration District No. 3014 — Registered No.

City Jefferson (No. , St. Ward)

2. FULL NAME Mrs. Margaret Pauline Gerber

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Peter Gerber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-1-1850

7. AGE: YEARS 81 — MONTHS 6 — DAYS 25 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 18[illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 194[illegible]

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

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Not Known

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

MOTHER

15. MAIDEN NAME: Not Known

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

17. INFORMANT (ADDRESS): Peter Gerber, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE River View DATE Aug-29- 1931

19. UNDERTAKER (ADDRESS): Wymore-Gordon, Hefferson City, Mo

20. FILED 8-31- 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Aug 27, 1931

I last saw her alive on Aug 24, 1931. Death is said to have occurred on the date stated above, at 2 A m.

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

Shock from fall on floor at her home combined with old age

Date of onset

Other contributory causes of importance: age

1866

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury Aug 14, 1931

Where did injury occur? at her home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury Fell on floor

Nature of injury Housework

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. A. T. Meyer, M. D.

(Address) Jefferson City Mo