

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.

OCT 22 1931

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

Do not use this space.

31065

1. PLACE OF DEATH

County Grundy
Township Myers
City Galt R.F.D.#1 (No. _____)

Registration District No. 329
Primary Registration District No. 5457

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR 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>Sam. Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 28-1856</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>0</u>
		DAYS
		<u>28</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	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) N.Y.

FATHER 13. NAME Stephen Gertman

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER 15. MAIDEN NAME Mary Haggover

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT S.G. Smith
(ADDRESS) Galt Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Immer Maple Ave DATE 9-27 1931

19. UNDERTAKER Phyllis & Son
(ADDRESS) Galt Mo

20. FILED Sept 30, 1931 EDWARD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1 1930 to Sept. 25 1931
I last saw her alive on Sept 2 1931. Death is said to have occurred on the date stated above, at 8:20 P.m.

The principal cause of death and related causes of importance were as follows:
Endo. Carditis chronic
(Central regurgitation)
1924
924
97
98 B
Other contributory causes of importance:
Arterio sclerosis with
gangrene l. hip

Date of onset
?

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) U.C. Weston, M. D.
(Address) Galt, Mo

