

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

Do not use this space.

9473

1. PLACE OF DEATH

76 County Osage Registration District No. 641
5 Township Smith Primary Registration District No. 4385
1 City Smith Mo. St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

James John Gerard
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. 9 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
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) 31

13. NAME Theodore Gerard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

15. MAIDEN NAME Mildred Rowan

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

17. INFORMANT (ADDRESS) W Rowan meta mo

18. BURIAL, CREMATION, OR REMOVAL PLACE to Cecilia meta mo DATE Mar 2 1932

19. UNDERTAKER (ADDRESS) N N Stroy meta mo

20. FILED Mar 3 1932 Robert Prater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1932, to March 3 1932

I last saw him alive on March 3 1936. Death is said to have occurred on the date stated above, at 1200 a.m.

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

Inflammation of Bowels Date of onset Feb 26 1932

Other contributory causes of importance: 1198

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) J. J. Radmacher, M. D.

(Address) meta mo

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.

1932 24 1832

RESERVED FOR BINDING

V. S. NO. 2.

