

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

Do not use this space.

34529

1. PLACE OF DEATH

107 County Texas
Township Carroll
City (No.) St. Ward)

Registration District No. 804 1077
Primary Registration District No. 6140

File No. 24
Registered No.
St. Ward)

2. FULL NAME

Leo Saverio Gruber

(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 M. 4. COLOR OR RACE M. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED X (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>4</u>			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Texas Co Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Charles Gruber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Oak. Mo.
12. MAIDEN NAME OF MOTHER Pearl Spencer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo. Mo.

14. INFORMANT Geo Gruber
(Address) Summersville Mo

15. FILED 10-6-32 L. Hunter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-3 1932

17. I HEREBY CERTIFY, That I attended deceased from 4-24 1932, to 10-3 1932 that I last saw h. alive on 10-3 1932 and that death occurred, on the date stated above, at 6:10 P.M.

59 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Deceased Malaria

(duration) yrs. mos. ds.
CONTRIBUTORY 59
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. M. Reeds, M. D.
, 19 (Address) Summersville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Karlshorn DATE OF BURIAL 11-3 1932

20. UNDERTAKER R. W. Day Summersville ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 29 1932

