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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 701 File No. 7386

Township ..... Primary Registration District No. 1 Registered No. 1337

City St Louis Mo (No. 2118, Mullanphy St. ..... Ward)

2. FULL NAME Lola M Gerrish

(a) Residence, No. 2118 Mullanphy St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Richard T. Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 14, 1884

7. AGE: YEARS 48 MONTHS 3 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Patoka Ill

FATHER
13. NAME: Harlon Gerrish
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wabash County Ill

MOTHER
15. MAIDEN NAME: Asby Flint
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davis County Ill

17. INFORMANT (ADDRESS): W. Gerrish 2118 Mullanphy

18. BURIAL, CREMATION, OR REMOVAL: Sandoval
PLACE Marion County Ill DATE Feb 8, 1933

19. UNDERTAKER (ADDRESS): Central U Co 1841 Cass Ave

20. FILED FEB -7 1933 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to Feb 6, 1933

I last saw her alive on Feb 6, 1933. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

	Date of onset
Bright's Disease 2	1,33
130 B	
1	

Other contributory causes of importance:

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? ..... 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) [signature], M. D.

(Address) 1901 Madison