MARGIN RESERVED FOR BINDING

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.

JUN 20 1933

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

Do not use this space.

12606

1. PLACE OF DEATH
16 County Cape Girardeau — Registration District No. 131
Township Randol — Primary Registration District No. 5182
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Minnie Gerschwyler

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anton Gerschwyler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-1-1842

7. AGE: YEARS 90 — MONTHS 8 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.
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): Hanover Germany.

FATHER
13. NAME: Casper Stousing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs J. H. Mammon, Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Longer Cemt DATE 4-10, 1933

19. UNDERTAKER (ADDRESS): Hamann's Funeral Home, Cape Girardeau Mo

20. FILED May 15, 1933 Alvin J. Miller, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 27th, 1933, to April 8th, 1933
I last saw her alive on April 7, 1933. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Uremic Intoxication — Date of onset

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Other contributory causes of importance: 132 B Old age

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? None
If so, specify .....
(Signed) O. F. Miller, M. D.
(Address) Cape Gir. Mo