

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

Do not use this space.

17241

**1. PLACE OF DEATH**

70 County Montgomery  
Township Upper Meriden  
City (No. ....) St. .... Ward)

Registration District No. 595  
Primary Registration District No. 5797

File No. 8  
Registered No. 8

**2. FULL NAME**

Clara Marie Gaster

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 10 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
45      9      2

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. None

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) Montgomery Co Mo.

13. NAME August Gaster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Minnie Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Gaster

17. INFORMANT (ADDRESS) George Gaster  
Montgomery city Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sutherland Cemetery DATE May 14<sup>th</sup> 1933

19. UNDERTAKER (ADDRESS) F. W. Kuhn  
Wellsville Mo.

20. FILED May 15 1933 Miss Ollie D. Barrett  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1933

22. I HEREBY CERTIFY, That I attended deceased from April 29 1933 to May 12 1933  
I last saw her alive on May 12 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:

Bronchial Pneumonia Date of onset 5/12/33

Other contributory causes of importance:

Indulgent Feur

Name of operation None Date of .....  
What test confirmed diagnosis? Laboratory 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) R. S. Hurford M. D.  
(Address) Wellsville Mo

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

JUN 23 1933

MOTHER FATHER 1-10-2

OCCUPATION 205-205-1

