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.

SEP 26 1933

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

Do not use this space.

26918

1. PLACE OF DEATH
56 County Lewis — Registration District No. 477
1 Township ~~Canton~~ — Primary Registration District No. 4256
2 City Canton (No. ..... St. ..... Ward)

File No. .....
Registered No. 35

2. FULL NAME Simon John Gehring

(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: Male
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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 22- 1872

7. AGE: YEARS 60 — MONTHS 8 — DAYS 15 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Archibald Ohio

FATHER
13. NAME: George Gehring
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Elizabeth Muller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Elda Riggs 111 Canton, Mo

18. BURIAL, CREMATION, OR REMOVAL:
PLACE Forest Grove DATE Aug 8 1933

19. UNDERTAKER (ADDRESS): F. D. Kelly Canton Mo

20. FILED Aug. 8 1933 H. W. Harris M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1933, to Aug. 7, 1933
I last saw him alive on Aug. 6, 1933 Death is said to have occurred on the date stated above, at 2:19 a.m.
The principal cause of death and related causes of importance were as follows:

Analysis — Date of onset July 30/33

Other contributory causes of importance: Analysis of left side

Name of operation: None — Date of .....
What test confirmed diagnosis: Examination — 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) H. W. Harris, M. D.
(Address) Canton Mo