

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.

OCT 20 1933

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

Do not use this space.

28999

**1. PLACE OF DEATH**

County Carroll Registration District No. 135  
 Township Carrollton Primary Registration District No. 3010  
 City Carrollton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 79

**2. FULL NAME**

Christian Gerding

(a) Residence, No. 615 Highland Ave, 3rd Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 14 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) <u>Katherine Gerding</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 21<sup>st</sup> 1860</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>10</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>	
	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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1933, to 9-25, 1933  
 I last saw him alive on 9-23, 1933 Death is said to have occurred on the date stated above, at 9:30a m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach Date of onset 1932

46B  
 Other contributory causes of importance \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Ridge, Madison County, Indiana

MOTHER FATHER  
 13. NAME Christian Gerding  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER FATHER  
 15. MAIDEN NAME Elizabeth Barghorn  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Alfred Ruppelchild  
 (ADDRESS) Carrollton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Hill Cem DATE 9-28, 1933

19. UNDERTAKER Wells Funeral Home  
 (ADDRESS) Carrollton, Mo

20. FILED 9-29, 1933 Mrs. E. E. Daulen  
 Registrar.

Name of operation Exploratory Spermectomy Date of 8-25-33  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) H. B. Deorem, M. D.  
 (Address) Carrollton, Mo

