

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

Do not use this space.

29386

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
Township Springfield Primary Registration District No. 2001  
City Springfield (No. 952 W Locust)

File No. \_\_\_\_\_  
Registered No. 669  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 952 W. Locust 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1864

7. AGE YEARS 69 MONTHS 0 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work  
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) Mo.

MOTHER 13. NAME Y. J. Whitmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Can.

15. MAIDEN NAME Mary C. Warren

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Robert Gerson Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerfork Cemetery DATE Sep 20 1933

19. UNDERTAKER (ADDRESS) Washington Ave, Springfield, Mo.

20. FILED 9-18 1933 Ralph W. Langston Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/16 1933 to 9/18 1933

I last saw her alive on 9/18 1933 Death is said to have occurred on the date stated above, at 12 P.M.

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

Cerebral Hemorrhage  
High Blood Pressure  
Arterio Sclerosis  
Date of onset 9/16/33

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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) W. M. T. T. T. \_\_\_\_\_, M. D.  
(Address) Springfield Mo

WHITE 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.

OCT 20 1933

DEC 16 1958