

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

Do not use this space.

39685

1. PLACE OF DEATH

36 County FRANKLIN Registration District No. 292
Township BOEFHF Primary Registration District No. 5410
City (No.) St. Ward)

2. FULL NAME FRED H. GILHAUS

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 60 yrs. 0 mos. 0 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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 25 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

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) GERMANY

13. NAME Wm GILHAUS

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

15. MAIDEN NAME AEE BELNKER

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

17. INFORMANT Ida Gilhaus (ADDRESS) NEW HAVEN, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE BENATE BROVD DATE Dec 16 1933

19. UNDERTAKER HERMAN BLUMER (ADDRESS) BERGER, MO

20. FILED Jan 8 1934 Jeffie W. Grossman Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1933 to Dec 12 1933

I last saw him alive on Dec 11 1933 Death is said to have occurred on the date stated above, at 10:20 a.m.

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

Pleuro-Pneumonia
Pericarditis

Other contributory causes

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?

If so, specify

(Signed) W. E. Cumber, M. D.

(Address) New Haven, Mo.

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.

AN 26 1934

