

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

Do not use this space.

278

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

City St. Joseph, Mo.

Primary Registration District No. 1001

(No. 1526 Henry)

File No.

Registered No. 95

St. Ward)

2. FULL NAME Milton Milbury Gertsch

(a) Residence, No. 1526 Henry

(Usual place of abode)

St.

Ward.

(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)

Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24, 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

5

5

0

OCCUPATION

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

Student

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)

St. Joseph, Missouri

MOTHER, FATHER

13. NAME Walter Gertsch

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

Freemont, Wisconsin

15. MAIDEN NAME Ethel May Baker

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

St. Joseph, Missouri

17. INFORMANT (ADDRESS)

Walter Gertsch, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Jan. 27, 1934

19. UNDERTAKER (ADDRESS)

Fleaman Mortuary, Inc. St. Joseph, Missouri

20. FILED

1-25 1934 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 19 1934 to Jan 24 1934

I last saw him alive on Jan 24 1934 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Acute Endocarditis

Date of onset

1-18-34

Other contributory causes of importance

Acute nephritis

Name of operation

none

Date of

What test confirmed diagnosis? Physical 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)

J. R. Elliott

, M. D.

(Address) 824 E. Edmund St.

WHITENING PLAIN 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.

LB 27 1934

