

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.

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

Do not use this space.

5984

1. PLACE OF DEATH

County Perry Registration District No. 659
 Township Longport Home Primary Registration District No. 5876
 City _____ (No. _____) St. _____ Ward _____

File No. 3
 Registered No. 3

2. FULL NAME

Gertrude Oberndorfer
 (a) Residence, No. Longport Mo 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10-1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. min.
	<u>76</u>	<u>1</u>	<u>24</u>	

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

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) Perry County Mo.

13. NAME Andrew Hacker

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

15. MAIDEN NAME Bridget Friedmann

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

17. INFORMANT Ernest Oberndorfer
 (ADDRESS) Longport Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Longport Cem. DATE Febr 16 1934

19. UNDERTAKER Young & Cresser
 (ADDRESS) Perryville Mo

20. FILED Febr 16 1934 Martin Mochel
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13th 1934, to Febr 4th 1934
 I last saw her alive on Jan. 31th 1934. Death is said to have occurred on the date stated above, at 7-30 a.m.

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

Influenza

Date of onset

Other contributory causes of importance:

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) Wm. H. Barks, M. D.

(Address) Perryville Mo

