

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence Registration District No. 470
 Township W. Mt. Vernon Primary Registration District No. 3633
 City _____ (No. _____) St. _____ (Ward) _____

File No. 9542
 Registered No. 22

2. FULL NAME

(a) Residence, No. _____ 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. _____ How long in U. S., if of foreign birth? yrs. mos. ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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 (OR) WIFE OF <u>Rennie Hansel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-14-90</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>1</u>
	DAYS <u>21</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>Drop gift shop</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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Moberly, Mo.

13. NAME John H. Gindrich

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

15. MAIDEN NAME Bertha Seelen

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

17. INFORMANT State Records Dept

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo. DATE 3/7

19. UNDERTAKER Phillips & Fossick

20. FILED 3/7 1934 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1934, to 3/1, 1934
 I last saw her alive on 3/1, 1934. Death is said to have occurred on the date stated above, at 7:25 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
23A
 Other contributory causes of importance:
None
 Name of operation None Date of _____
 What test confirmed diagnosis? Sab. 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. Disease or injury in any way related to occupation of deceased? No
 If so, specify: _____
 (Signed) J. B. Stokes, M. D.
 (Address) W. Mt. Vernon, Mo.

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.

1934

