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.

MAY 25 1934

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

Do not use this space.

13647

1. PLACE OF DEATH
County Montgomery — Registration District No. 598 — File No. 7
Township Upper Loutre — Primary Registration District No. 5791 — Registered No. 7
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Charlotte Gastler
(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 42 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): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: wife of Carl Gastler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March - 27 - 1837
7. AGE: YEARS 97 — MONTHS — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Germany
FATHER
13. NAME: Martin Kropp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany
MOTHER
15. MAIDEN NAME: Angela Folkmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany
17. INFORMANT (ADDRESS): Christine Vedder, Wellsville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lockwood Mo Lutheran Cemetery DATE: April - 10 1934
19. UNDERTAKER (ADDRESS): F. W. Kuhne, Wellsville
20. FILED: April 10, 1934 Mrs. Mike McDermott, Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 8, 1934
22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to April 5, 1934
I last saw her alive on April 5, 1934. Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 5 34
82A	

Other contributory causes of importance:
Arteriosclerosis
82A
97
Name of operation: none — Date of .....
What test confirmed diagnosis? Bedside — 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? NO
If so, specify .....
(Signed) R. G. Hereford M. D.
(Address) Wellsville Mo