

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

Do not use this space.

**1. PLACE OF DEATH**

County GASCONADE  
Township BOEFEE  
City (No. ....) St. .... Ward .....

Registration District No. 306  
Primary Registration District No. 5424

File No. 16338  
Registered No. 5

**2. FULL NAME ANNA MARIA GABLER**

(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 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 60 yrs. 0 mos. 0 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 MICHAEL GABLER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 22 - 1840

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>94</u>	<u>3</u>	<u>7</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>	11. Total time (years) spent in this occupation
	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)	

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

13. NAME DAVID GUMPER

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

15. MAIDEN NAME

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

17. INFORMANT J.M. Gabler  
(ADDRESS) HERMANN RD RR 2

18. BURIAL, CREMATION, OR REMOVAL  
PLACE STONY HILL DATE JUNE 1 1934

19. UNDERTAKER HERMAN BLUMER  
(ADDRESS) BERGERS RD

20. FILED 5-30-1934 John Engelbrecht  
Registrar.

**1 MEDICAL CERTIFICATE OF DEATH 7:15 PM**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1933, to May 29 1934  
I last saw her alive on May 28 1934 Death is said to have occurred on the date stated above, at Stony Hill, Mo.  
The principal cause of death and related causes of importance were as follows:

arteriosclerosis  
97

Date of onset	<u>Jan 1933</u>
Place	<u>Stony Hill, Mo.</u>

Other contributory causes of importance: None

Name of operation None Date of .....  
What test confirmed diagnosis? Rheumatoid Was there an autopsy? No.

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury ..... 19.....  
Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify.....  
(Signed) John Engelbrecht M. D.  
(Address) Stony Hill, Mo.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important.  
 CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUN 21 1934

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