

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.

## 1. PLACE OF DEATH

County Charlton  
Township Salsbury  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ (Ward)

Registration District No. 175  
Primary Registration District No. 5243

File No. 28655  
Registered No. 61

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## 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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Gabhart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 19-1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>6</u>
	DAYS <u>29</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>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>✓</u>
	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) <u>Missouri</u>		
MOTHER FATHER	13. NAME <u>Charles</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Lancaster</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Gabhart Salsbury mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Cem</u> DATE <u>8-19</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>W. C. Lancaster Salsbury mo</u>		
20. FILED <u>8/18</u> <u>34</u> <u>Missouri</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1934, to Aug 18, 1934. I last saw her alive on Aug 18, 1934. Death is said to have occurred on the date stated above, at 12 noon. The principal cause of death and related causes of importance were as follows:

Senility 130 130 aug 7

Other contributory causes of importance:  
acute enteritis

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) W. C. Lancaster, M. D.  
(Address) Peaslee, Mo.

