

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

Do not use this space.

JAN 5 1935

42247

1. PLACE OF DEATH

County Cassell

Registration District No. 135

Township Carrollton

Primary Registration District No. 3010

City Carrollton

(No. 12 West Centon)

File No. _____

Registered No. 114

St. 4th Ward)

2. FULL NAME

(a) Residence, No. 572 West Centon St., 4th Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-1-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Retired)

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) Chasaut Hill Ill

13. NAME Christian Gerling

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

15. MAIDEN NAME Elizabeth Berghorn

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

17. INFORMANT Miss Alada Kupsch

18. BURIAL, CREMATION, OR REMOVAL

PLACED at home DATE 12-14-34

19. UNDERTAKER (ADDRESS) Willis Funeral Home

20. FILED 12-13 1934 John H. Harkin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-1934

22. I HEREBY CERTIFY That I attended deceased from Dec. 11 1934 to Dec. 12 1934

I last saw him alive on Dec. 12 1934 Death is said to have occurred on the date stated above, at 8 P.M.

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

Lobar Pneumonia Date of onset unknown

Diabetes - Unknown

Diabetes - Unknown

Other contributory causes of importance: Diabetes - Unknown

Diabetes - Unknown

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? None

If so, specify _____

(Signed) C. E. Brunner, M. D.

(Address) Carrollton, 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.

WHITE PRINTED WITH OBTAINING INFORMATION THIS IS A PERMANENT RECORD

