

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

APR 26 1935

Do not use this space.

11546

1. PLACE OF DEATH

98 County Schuyler  
Township Fabius  
City (No. ....) .....

Registration District No. 202  
Primary Registration District No. 6044

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

Jake Gingrich

(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 Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mae Gingrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25 - 1865

7. AGE YEARS 69 MONTHS 10 DAYS 21  
If LESS than 1 day, .... hrs. or .... min.

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

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) Davis Co. Iowa

13. NAME Christian Gingrich

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

15. MAIDEN NAME Elizabeth Schlatter

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

17. INFORMANT (ADDRESS) Mrs Jake Gingrich Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Darby Cemetery DATE Mar 18 1935

19. UNDERTAKER (ADDRESS) John A. Roberts Lancaster, Mo.

20. FILED Mar 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 16 1935 to Mar 16 1935  
I last saw him live on Mar 15 1935 Death is said to have occurred on the date stated above, at 11:20 m.  
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus  
Date of onset about 1921

Other contributory causes of importance: .....

Name of operation no Date of .....

What test confirmed diagnosis? N Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? N (Specify city or town, county, and State)

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

Manner of injury N

Nature of injury N

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Keller M. D.

(Address) Lancaster MO.

