AUG 23 1935

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

Do not use this space.
13309-2

1. PLACE OF DEATH
County: Jefferson
Township: ~~[illegible]~~
City: De Soto
Registration District No. 420
Primary Registration District No. 3022
File No.
Registered No. 131
(No. ..... St. ..... Ward)

2. FULL NAME: Henry Anton Gebhen

(a) Residence, No. 323 W. Clement St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Ella Gebhen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 28 - 1877

7. AGE: Years 58 | Months 1 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): St. Louis Mo.

FATHER
13. NAME: John Gebhen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Theckla Beskes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Henry Gebhen De Soto Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: S.S. Peter & Paul DATE: Apr 7 1935
19. UNDERTAKER (ADDRESS): Gebhen Mfg. Co. St. Louis Mo.
20. FILED: 4/7/35 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935, to April 4, 1935
I last saw h. alive on April 4, 1935. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestine	June 1934
Other contributory causes of importance: Intestinal Obstruction	April 2 35
Uremia	

Name of operation: Exploratory Laparotomy Date of ..... No
What test confirmed diagnosis? Finding 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) Quentin M. Jones, M. D.
(Address) 306 So. Main St. De Soto, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.