

JUN 24 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16974

1. PLACE OF DEATH
County Lafayette Registration District No. 466
Township Clay Primary Registration District No. 46270
City Academy (No.) St. Ward (No.)

2. FULL NAME Gertrude Opal Lauch
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur Lauch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/28/1898</u>		
7. AGE <u>36</u>	YEARS <u>9</u>	MONTHS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Data 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>Ray Co mo</u>		
13. NAME <u>Frank Cruise</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co mo</u>		
15. MAIDEN NAME <u>Emma Blair</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co mo</u>		
17. INFORMANT <u>Arthur Lauch</u> (ADDRESS) <u>Academy mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cem</u> DATE <u>5/8</u> 19 <u>35</u>		
19. UNDERTAKER <u>C. V. Gibson</u> (ADDRESS) <u>Academy mo</u>		
20. FILED <u>5-9</u> 19 <u>35</u> <u>F. K. Mann</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/7 1935

22. I HEREBY CERTIFY, That I attended deceased from 9 27 1934 to 5-7 1935
I last saw him alive on 5-6-30 1935. Death is said to have occurred on the date stated above, at 3 2 m.
The principal cause of death and related causes of importance were as follows:
Co of uterus
Date of onset

Other contributory causes of importance
Generalized metastasis

Name of operation Date of
What test confirmed diagnosis? P. Ex. Was there an autopsy? no

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) Frank Cruise M. D.
(Address) Raymond 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.

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