

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

291 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.

OCT 23 1935

791
1003

31074

File No. 7869
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____
Township _____
City _____

Registration District No. _____
Primary Registration District No. _____
(No. of _____ Hospital)

2. FULL NAME

Gertrude J. Stork
(a) Residence No. 1527 S. 11th St., 23 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8, 1883

7. AGE YEARS 83 MONTHS 6 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil.
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) H. W. Allen Mo.

13. NAME Henry Williams

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

15. MAIDEN NAME Barbara Stork

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

17. INFORMANT Miss Kent City Hosp. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE 9/20/35

19. UNDERTAKER Thos. Hughes 2906 Travis (ADDRESS)

20. FILED SEP 18 1935 J. Breddeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Ruptured sigmoid diverticulum
Sen. Peritonitis 18/05
Other contributory causes of importance:
Strid. Left femur red in fall to floor at residence.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes.

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? Home 9/17/35
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fall to floor
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify _____
(Signed) Harold P. Lewis, M. D.
(Address) _____

