

DEC 13 1935

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

Do not use this space.

38431

1. PLACE OF DEATH

1 County Adair
Township
2 City Wheeler

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 217
St. _____ Ward _____

2. FULL NAME

Bonnie Gwendolyn Gehrke

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18 1919
7. AGE YEARS 16 MONTHS 8 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Wesley (STATE OR COUNTRY) Adair

13. NAME Paul Gehrke

14. BIRTHPLACE (CITY OR TOWN) Adair Co. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Josaphine Johnson

16. BIRTHPLACE (CITY OR TOWN) Adair Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Paul G. Gehrke (ADDRESS) Wheeler Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gilboa DATE 12/30 1935

19. UNDERTAKER Sumner & Sons (ADDRESS) Wheeler Mo.

20. FILED Dec 3 1935 Spencer Green Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1935, to Dec. 1st, 1935
I last saw her alive on Dec 1st, 1935. Death is said to have occurred on the date stated above, at 2 P. m.

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

Lobar Pneumonia

Other contributory causes of importance:

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Name of operation _____ Date of _____
What test confirmed diagnosis Medical 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 G. Brist, M. D.
(Address) Wheeler 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 PAPER, WITH CUTTING INSTRUMENTS IS A PERMANENT RECORD

