

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.

FEB 20 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2406

1. PLACE OF DEATH

County Missouri Registration District No. 456
Township Holland Primary Registration District No. 4281
City 11 (No. 11) St. 11 Ward 11

File No. _____
Registered No. _____

2. FULL NAME

Gennie Ray Gestring
(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. 4 1/2 How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 11

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-8-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 4 hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. _____
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) Holland Mo.

13. NAME Raymond Gestring

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooler Mo.

15. MAIDEN NAME Helen Hicks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland Mo.

17. INFORMANT Morgan Hicks
(ADDRESS) Holland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE not known DATE 1-8-1936

19. UNDERTAKER Morgan Hicks
(ADDRESS) Holland Mo.

20. FILED 2-8-1936 Tom Bugamer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8-1936

22. I HEREBY CERTIFY, That I attended deceased from 1-8-1936, to 1-8-1936

I last saw him alive on 1-8-1936. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Intestinal Tumor Date of onset _____

Uterical Tumor

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis _____ 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? _____

If so, specify no

(Signed) J. E. Cooper, M. D.

(Address) Carter Mo.

