FEB 24 1936

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

Do not use this space.

2670

File No.
Registered No.

1. PLACE OF DEATH
County St Charles
Township Portage De Sioux
City (No. , St. Ward)

Registration District No. 756
Primary Registration District No. 5997

2. FULL NAME Mrs Gertrude Eleonhard
(a) Residence, No. Orchard Farm City Rt 94 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 (write the word): Wd
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ferdinand Leonhard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29th 1872
7. AGE: YEARS 63 | MONTHS 0 | DAYS 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) Rudfountan Mo

FATHER
13. NAME Wm. Luecke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Christiena Bode
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Ferd Leonhard,
18. BURIAL, CREMATION, OR REMOVAL PLACE St Francis Cem. Portage De Sioux DATE Jan. 27th 1936
19. UNDERTAKER (ADDRESS) H. C. Dalhmeyer & Son's Co. St Charles Mo.
20. FILED Jan 24, 1936 C. A. Barnard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23rd 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1936, to Jan 25th 1936
I last saw her alive on Jan 26 1936 Death is said to have occurred on the date stated above, at 10:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 23.

NO

Other contributory causes of importance:
Chronic Arteriosclerosis and Hypertension of 15 years duration.

Name of operation Date of
What test confirmed diagnosis? Clinical 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
(Signed) C. A. Barnard, M. D.
(Address) Portage De Sioux, 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