

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.

MAR 28 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Waco Primary Registration District No. 1002
City Kennett (No. RC General Hosp) St. _____ Ward _____

File No. 10750
Registered No. 1420

2. FULL NAME

(Logan H. John L.) Gertz

(a) Residence, No. 310902 19 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Mary C. Gertz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 23 1894</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>11</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Partner</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Truck driver-WPA work</u>		
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)
Bayard Mo.

13. NAME
John L. Gertz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Bay, Indiana

15. MAIDEN NAME
Frances

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

17. INFORMANT (ADDRESS)
Deputy Clerk RC Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL
buried - no
PLACE Woodlawn DATE 2/17/36

19. UNDERTAKER (ADDRESS)
Mrs. L. L. Foister 918 Broadway, Kennett

20. FILED Mar 16, 1936 M. M. Cronin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13 1936

I HEREBY CERTIFY, That I attended deceased from 3-9 1936 to 3-13 1936
I last saw him alive on 3-13 1936 Death is said to have occurred on the date stated above, at 8:30 PM

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

Acute gangrenous appendicitis
Generalized Peritonitis
Date of onset _____

Other contributory causes of importance:
Generalized Peritonitis

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? _____ (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) [Signature] M. D.
(Address) RC Gen Hosp

