SEP 18 1936

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

Do not use this space.

30132

1. PLACE OF DEATH
County Camden — Registration District No. 118 — File No.
Township Adair — Primary Registration District No. 5169 — Registered No. 8
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Gerlt
(a) Residence, No. Barnumton Mo St., ... Ward.
(Usual place of abode) Climax Springs Mo (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Susan Perkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 1 - 1853
7. AGE: Years about 85 years. Months Days. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Morgan Co Mo

FATHER
13. NAME: No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER
15. MAIDEN NAME: No Record.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Albert Gerlt Climax Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pickerel Cem DATE: 8/23 36
19. UNDERTAKER (ADDRESS): W F Hidwell Fertilis Mo
20. FILED 8-23- 1936 W S Windsor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-22- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1935, to Medic Jan 28, 1936
I last saw him alive on July 16, 1935. Death is said to have occurred on the date stated above, at 8 P m. 8-22-1936
The principal cause of death and related causes of importance were as follows:

	Date of onset
Died Suddenly - Presumed the Heart trouble Had Fibrofibrolation for years. (Blind)	

Other contributory causes of importance: 95B

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 .....
(Signed) W S Windsor, M. D.
(Address) Climax Springs 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.