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.

NOV 27 1936

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

Do not use this space.

37302

1. PLACE OF DEATH

County: Franklin. Registration District No. 297 File No.

Township: Primary Registration District No. 3016 Registered No. 93

City: Washington, Mo. (No. , St. Ward)

2. FULL NAME Mary Gurtler.

(a) Residence, No. 414 Jefferson Ave, St. Washington, Ward, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20th, 1866.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	70	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger, Missouri.

FATHER

13. NAME Conrad Groeber,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Clara Stein.

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

17. INFORMANT Clarence Gurtler.
(ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE Oct. 4th, 1936.

19. UNDERTAKER Nieburg & Vitt, Inc.
(ADDRESS) Washington, Mo.

20. FILED Oct. 5 1936 H. A. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2nd, 1936.

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1936, to Oct. 2d, 1936
I last saw her alive on Oct. 2, 1936. Death is said to have occurred on the date stated above, at 7:00 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical 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) O. L. Minnich, M. D.
(Address) Washington Mo