

MAR 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

1 County Adair Registration District No. 4  
2 Township ..... Primary Registration District No. 3001  
3 City Hicksville (No. 1) St. .... Ward)

File No. 4805Registered No. 402. FULL NAME Vinnie Gauer

(a) Residence, No. Stable Hospital 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Gauer.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9-1874</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>1</u>
	DAYS <u>20</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>Wesley Bogardt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Christina Swisher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>John Gauer</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Castle</u> DATE <u>March 2</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Glenn E. Nantz, Hicksville</u>		
20. FILED <u>Mar. 1</u> 19 <u>37</u> <u>Spencer Deeman</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to 2-28 1937  
I last saw her alive on 2-27 1937. Death is said to have occurred on the date stated above, at 3 A.m.  
The principal cause of death and related causes of importance were as follows:  
cerebral hemorrhage Date of onset  
nephritis (Bayer's)  
chronic  
Other contributory causes of importance:  
strangulated hernia  
hypertension  
for 18 yrs.

Name of operation thorotomy Date of 2-25  
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? no  
If so, specify .....  
(Signed) R. R. Green, M. D.  
(Address) Hicksville, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

