

MAR 19 1937

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

Do not use this space.

6061

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Tolt Registration District No. 373  
Township Lewis Primary Registration District No. 4219  
City Oregon (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME

Emily Maria Gebhart  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF David Gebhart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.  
79 4 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home.  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Andrew County  
(STATE OR COUNTRY)

10. NAME OF FATHER Milton Crockett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Maine  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah E. West

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vermont.  
(STATE OR COUNTRY)

14. INFORMANT Egan Gebhart  
(Address) St Joseph Mo.

15. FILE 2-77, 1937 Mo. Thaudler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1937.

17. I HEREBY CERTIFY, That I attended deceased from January, 1932, to Feb. 26, 1937  
that I last saw her alive on Feb. 26, 1937, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Embolism  
Coronary Occlusion  
(duration) Unknown ds.

CONTRIBUTORY (SECONDARY) Chronic Endarteritis  
aged (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? at home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Oliver G. Gebhart, M. D.  
, 19 (Address) Oregon, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nahant Grav. Assoc Co. DATE OF BURIAL 2. 28 1937

20. UNDERTAKER Leiter Petijohn ADDRESS Oregon, 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.

