APR 15 1937

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

Do not use this space.

File No. 11175

Registered No. 226

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 2407 Mitchell Avenue St. Ward)

2. FULL NAME Adeliade Gaa

(a) Residence, No. 2407 Mitchell Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Gaa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26. 1862.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	74	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Unknown
(STATE OR COUNTRY) Germany

FATHER

13. NAME Joseph Beichler

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Gerald Carolus
(ADDRESS) 2407 Mitchell Avenue

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt
PLACE St. Joseph, Mo. DATE March. 5. 1937

19. UNDERTAKER H. O. Sidenfaden & Son
(ADDRESS) 1802 Union Str St. Joseph, Mo.

20. FILED 3/4 1937 R. J. Nettesheim Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March. 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937, to Mar 1 1937

I last saw her alive on Mar 1 1937. Death is said to have occurred on the date stated above, at 3/10 pm

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

	Date of onset
Diabetes Mel.	?

Other contributory causes of importance:

Gas gangrene rt foot.	Feb 1

Name of operation None Date of

What test confirmed diagnosis? Lab. 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) Frank Kharlegan, M. D.

(Address) Kincpolnes. 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.