

AUG 19 1937

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

Do not use this space.

26815

File No. _____

Registered No. 172

1. PLACE OF DEATH ⁴
County Callaway Registration District No. 104
Township _____ Primary Registration District No. 3008
City Fulton (No. State Hosp 1) St. _____ Ward _____

2. FULL NAME William Andrew Gensert
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Gensert - (dead)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 0 20

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1935 to July 10, 1937
I last saw him alive on July 09, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Arteriosclerotic Heart Disease with Acute Myocardial Infarction P.K.
Degeneration.

Other contributory causes of importance: Senility A B C P.K.

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. none

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wineland, Missouri13. NAME William Gensert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Constance Reinbold16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France17. INFORMANT State Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bonnets Mill DATE 7/12 193719. UNDERTAKER Morton Funeral Home (ADDRESS) Leona, Mo.20. FILED July 11, 1937 T. R. Crews Registrar.Name of operation none 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? no Date of injury Nov. 5, 1935Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. R. Mulkey M. D.(Address) Fulton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 ALL INFORMATION should be carefully supplied. AGE should be stated EXACTLY. ETHNIC ORIGIN should state
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

