

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.

109 AUG 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Warren

Township Elkhorn

City (No. \_\_\_\_\_)

Registration District No. 881

Primary Registration District No. 6171

File No. 28625

Registered No. 35

2. FULL NAME William H.H. Gerdemann

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Margie Gerdemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 0 4

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

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) near Warrenton  
(STATE OR COUNTRY) Missouri

13. NAME Herman Gerdemann

14. BIRTHPLACE (CITY OR TOWN) near Warrenton  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary A. Wessendorf

16. BIRTHPLACE (CITY OR TOWN) near Warrenton  
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Margie Gerdemann  
(ADDRESS) Jonesburg, Mo.

18. BURIAL CREATION OF RECORDS PLACE Warrenton City Cem. DATE 7/6 YEAR 1937

19. UNDERTAKER F. W. NIEBURG  
(ADDRESS) Warrenton, Mo.

20. FILED July 6, 1937 W. H. Weberling  
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to July 3rd 1937

I last saw him alive on July 3rd 1937 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Neurosyphilis  
Epilepsy from  
General Paresis  
Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 1

Nature of injury \_\_\_\_\_

24. Was disease of injury in any way related to occupation of deceased? No

If so, specify B. H. Braudts, M. D.  
(Signed)

(Address) Warrenton Mo

