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.

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Andrew
Township:
City: Vandalia (No. ..., ... St. ... Ward)
Registration District No. 912
Primary Registration District No. 4550
File No. 40562
Registered No. 34

2. FULL NAME: Gertrude Solmon
(a) Residence, No. Vandalia Mo 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Solmon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar-4-1894
7. AGE: 34 YEARS: 43 MONTHS: 8 DAYS: 16 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
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): MO

FATHER
13. NAME: John Tuly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

MOTHER
15. MAIDEN NAME: Lizzie Crocket
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

17. INFORMANT (ADDRESS): John Hto Solmon
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Tarrinco Mo DATE: Nov 22 1937
19. UNDERTAKER (ADDRESS): W S Waters Vandalia Mo
20. FILED: Nov. 22, 1937 Carrie F. Utterback Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 20, 1937
22. I HEREBY CERTIFY, That I attended deceased from 11-11-, 1937, to 11-20-, 1937
I last saw her alive on 11-20-, 1937 Death is said to have occurred on the date stated above, at 5:39 a.m.
The principal cause of death and related causes of importance were as follows:
Pul Tuberculosis
Date of onset
23
Other contributory causes of importance:
Cerebral Hemorrhage
Name of operation ... 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? ... 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?
If so, specify
(Signed) H. J. Ector, M. D.
(Address) Mexico, Mo.