

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.

REC'D JUN 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Morgan
 Township Morgan
 City _____ (No. _____)

Registration District No. 953
 Primary Registration District No. 5797-B

File No. 3 18952
 Registered No. _____

2. FULL NAME

Elizabeth Jennings Gerhart 662

(a) Residence, No. _____ St. _____ Ward _____

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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Gerhart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5-1958</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>10</u>
	DAY <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to 5-17, 1938
 I last saw him alive on 5-9, 1938. Death is said to have occurred on the date stated above, at 3:10 p.m.
 The principal cause of death and related causes of importance were as follows:

Aortic Stenosis

Date of onset _____

Other contributory causes of importance: _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moniteau Co, Mo</u>
	13. NAME <u>W. J. Davis</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tex.</u>
	15. MAIDEN NAME <u>Marria Collins</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Copper Co, Mo</u>
	17. INFORMANT (ADDRESS) <u>C. A. Gerhart - Versailles, Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glenstad Cemetery</u> DATE <u>May 19 1938</u>
	19. UNDERTAKER (ADDRESS) <u>W. F. Kidwell, Versailles, Mo</u>
	20. FILED <u>May 18 1938</u> <u>J. L. Cooper</u> Registrar.

Name of operation _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. S. Shelton, M. D.
 (Address) 9 Astoria

