WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import

REC'D JUL 17 1939

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

Do not use this space.

1. PLACE OF DEATH
County Cass
Township Camp branch
City (No. , St. Ward)

Registration District No. 154 5216
Primary Registration District No. 4188

File No. 21817
Registered No.

2. FULL NAME 163 Hannah Elizabeth Gold, Obert
(a) Residence, No. Garden City 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 Fe
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Charles E. Obert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1863
7. AGE YEARS 76 MONTHS 3 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Rockrun, Ill.

FATHER
13. NAME Jacob Gold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Susanah Epley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) C. Charles Obert Garden City Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Reid Cem. DATE 19
19. UNDERTAKER (ADDRESS) J. M. Kauffman 145 Garden City Mo.
20. FILED May 27 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 25 - 1939
22. I HEREBY CERTIFY, That I attended deceased from May 20th, 1928, to May 25 -, 1939
I last saw her alive on May 25, 1939. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset
Other contributory causes of importance:
Vascular disease
Hyper tension
Name of operation Date of
What test confirmed diagnosis? Clinical Myst Physician Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank B. Eels, M. D.
(Address) Garden City Mo.

JUL 23 1943

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

21817
Do not use this space.

1. PLACE OF DEATH
(a) County Cass Registration District No. 152
(b) Township Camp Branch Primary Registration District No. 5216 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hannah Elizabeth Gold Obert
(a) Residence, No. Garden City St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas E. Obert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-3-1863
7. AGE YEARS 76 MONTHS 3 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Rockrun Ill

FATHER
13. NAME Jacob Gold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ren

MOTHER
15. MAIDEN NAME Susannah Epley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Charles Obert Garden City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Reed Ren DATE 19

19. FUNERAL DIRECTOR (ADDRESS) J. M. Kauffman Garden City Mo

20. FILED 8-1, 1939 Mrs Effie Stonestreet
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25-1939

22. I HEREBY CERTIFY, That I attended deceased from 5-20 to 5-25, 1939
I last saw her alive on May 25, 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Vascular Disease
Hypertension

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) Frank B. Ellis, M. D.
(Address) Garden City, Mo

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated IN CITY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.