

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.

MAR 14 1941

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

Do not use this space.

6560

1. PLACE OF DEATH  
County Cape Girardeau Registration District No. 129  
Township St. James Primary Registration District No. 5180  
City St. James (No. 0) St. 0 Ward 0

2. FULL NAME David J. Gahr  
(a) Residence, No. Myrtle Ridge Road St. 0 Ward 0  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 82 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha E. Gahr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 - 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>10</u>	<u>22</u>	

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1941, to Jan 31, 1941.  
I last saw him alive on January 31, 1941. Death is said to have occurred on the date stated above, at 5:49 p. m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset 46

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. U

MOTHER FATHER

13. NAME David Gahr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Pennsylvania

15. MAIDEN NAME Mary E. Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Carolina

17. INFORMANT Ed. J. Gahr (ADDRESS) Myrtle Ridge Rd, St. James, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Creek DATE Feb 2, 1941

19. UNDERTAKER Geacraft + Miller, U. C. (ADDRESS) St. James Mo

20. FILED 2-1-41 J. J. Schoen Registrar.

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) R. D. Playlock M. D.

(Address) St. James, Mo.

