

NOV 9 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County ColeRegistration District No. 213

Township

Primary Registration District No. 3014City Jefferson City(No. 327 , W. High)File No. 35579Registered No. 298

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Miss Catherine Anna Gels(a) Residence, No. 327 W. High

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

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1854

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

791022

OCCUPATION

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

At home

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)

Jefferson City, Mo.

FATHER

13. NAME John Gels

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME Eliz. Tranel

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

## 17. INFORMANT (ADDRESS)

Miss Anna Upschulte327 W. High J. C. Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE St. PetersDATE Nov. 3, 1934

## 19. UNDERTAKER (ADDRESS)

Heinrichs Funera l HomeJefferson City, Mo.

## 20. FILED

10/30/ 1934Dr. Bedford

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 193422. I HEREBY CERTIFY, That I attended deceased from 8/10/ 1934 to 10-31-1934I last saw him alive on 10/30/ 1934 Death is saidto have occurred on the date stated above, at 3.4 m.

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

Pulmonary Thrombosis

Date of onset

Other contributory causes of importance:

Endocarditis

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

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

Was there an autopsy? Yes

## 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 \_\_\_\_\_

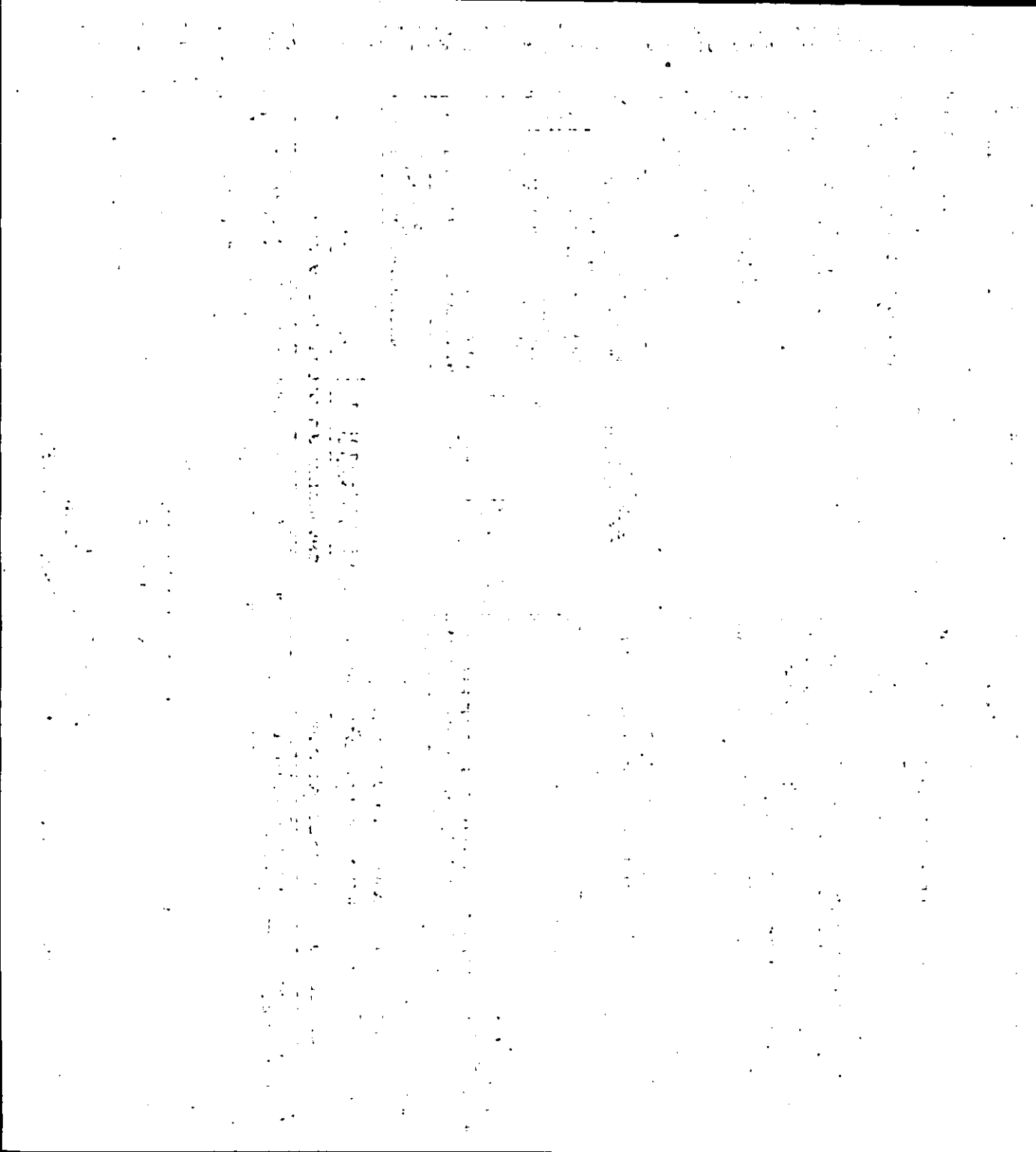
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Dr. Bedford

M. D.

(Address) Jeff City, Mo



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.

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

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township Jefferson

Primary Registration District No. 3014

City Jefferson (No.       )

File No. 298

Registered No. 298

St.        Ward       

2. FULL NAME

Catherine Anna Gels

(a) Residence, No.        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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

S

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

79

10

22

OCCUPATION

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

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)

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE        DATE       , 19      

19. UNDERTAKER  
(ADDRESS)

20. FILED

19      

Dr. Beauford M. D.  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)       , 19      

22. I HEREBY CERTIFY, That I attended deceased from        to       , 19      

I last saw h.        alive on       , 19      . Death is said

to have occurred on the        stated above, at        m.

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

Obstructive Thrombosis Date of onset

S-35579