

JUL 2 2 1935

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

Do not use this space.

19551

1. PLACE OF DEATH

County Henry Registration District No. 347
Township White Oak Primary Registration District No. 5495
City of New Madrid (No.) St. Ward)

File No. 84
Registered No.

2. FULL NAME Christerson Helena Gieselman

(a) Residence, No. in Urish 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 20 yrs. mos. ds. How long in U. S., if of foreign birth 65 yrs. 7 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 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 Henry Gieselman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) June 4 - 1935 11. Total time (years) spent in this occupation. 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co Ill.

13. NAME Stephen Bergschneider

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

15. MAIDEN NAME Mary Meising

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

17. INFORMANT (ADDRESS) John Gieselman Urish Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Christerson DATE June 7 1935

19. UNDERTAKER (ADDRESS) H. P. Smith

20. FILED 6-25 1935 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 - 1935

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

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 4:30 P. M.

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

Coronary Embolism Date of onset 4/4-35

Other contributory causes of importance

Name of operation Date of.....

What test confirmed diagnosis? Physic 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. J. McDonald, M. D.

(Address) Urish - 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.

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