

REC'D APR 19 1938

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

10884

Do not use this space.

1. PLACE OF DEATH

(a) County *Newry*Registration District No. *349*(b) Township *Calhoun*Primary Registration District No. *4207*Registered No. *9*(c) City *Calhoun*

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(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

Gertie Deau 500(a) Residence, No. *Calhoun Mo* 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 *Female* 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 *W. A. Deau*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-28-1879*7. AGE YEARS *58* MONTHS *5* DAYS *02* 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 *Life*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Danville Illinois*FATHER 13. NAME *Morgan Stickrod*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*MOTHER 15. MAIDEN NAME *Aloanette Decker*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*17. INFORMANT (ADDRESS) *W. A. Deau Calhoun Mo*18. BURIAL, CREMATION, OR REMOVAL PLACE *Hudson* DATE *3-22-1938*19. FUNERAL DIRECTOR (ADDRESS) *Fred Williams Calhoun Mo*20. FILED *3-22-1938* *Mo. R. B. Gay* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-20* 19*38*22. I HEREBY CERTIFY, That I attended deceased from *3-10* 19*38* to *3-20* 19*38*I last saw her alive on *3-20* 19____ Death is said to have occurred on the date stated above, at *12:30 PM*

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

*Peritonitis.**Uterine Cancer*

Date of onset _____

(Other contributory causes of importance: *6*)

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) *D. A. Deau* _____ M. D. (Address) *Calhoun Mo*

STATEMENT BY LICENSED EMBALMER

I, Fred Wellkouse, Licensed Embalmer No. 2478

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Fred Wellkouse

Licensed Embalmer No. 2478

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)