

APR 30 1930

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

Do not use this space.

9216

1. PLACE OF DEATH

County Jefferson
Township
City Festus (No.)

Registration District No. 421
Primary Registration District No. 4249

File No.
Registered No. 84
St. Ward)

2. FULL NAME Mabel Gehrs

(a) Residence No. St. Ward.
(Usual place of abode)

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) Married

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

Ferd Gehrs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) aug 21 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 7 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Festus
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Albert N. Boyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Jefferson County Missouri

12. MAIDEN NAME OF MOTHER Rhoda Bean

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Ferd Gehrs
(Address) Festus Missouri

15. FILED 3/29/30 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 28, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1930, to March 28, 1930 that I last saw her alive on March 27, 1930, and that death occurred, on the date stated above, at 9:55 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart Disease
131

CONTRIBUTORY (SECONDARY)

Unknown yrs. mos. ds.
Chronic Nephritis
Unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [Signature] M. D.
March 28, 1930 (Address) Festus Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Festus Missouri DATE OF BURIAL 3/30 1930

20. UNDERTAKER Quester & Vinyard ADDRESS Festus 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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