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

Do not use this space.

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No. 39739

Township — Primary Registration District No. 1001 — Registered No. 1417

City St. Joseph. (No. In Rear of 216 Arizona Avenue. St. Ward)

2. FULL NAME Fred Gerling.

(a) Residence. No. 216 Arizona Avenue. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 13, 1891.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	38	0	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Roumania.

PARENTS

10. NAME OF FATHER Unknown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT Mrs Zella Gerling.
(Address) 216 Arizona Avenue.

15. FILED DEC 13 1929, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 12 1929

17. I HEREBY CERTIFY, That I ~~attended deceased~~ viewed on from , 19 , to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 6: A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide By Hanging at 216 Arizona St Joseph, Mo in Barn
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 168
(duration) 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?
(Signed) B. W. Tadlock-Coroner
12/12 19 29 (Address) St Joseph 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: St. Joseph Memorial Park Com — DATE OF BURIAL: Dec 13 1929

20. UNDERTAKER: H. W. Sidenfaden — ADDRESS: 1802 Union St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JAN 20 1930

11 9 6 9 237 29 31