

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

Do not use this space.

14986

1. PLACE OF DEATH

County Monterey
Towship Palmer
City California (No.)

Registration District No. 571
Primary Registration District No. 4325

File No.
Registered No. 18
St. Ward)

2. FULL NAME

Louisa Affalter Gruen

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married (write the word)

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

H J Gruen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 23

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) 100
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER Frederick Affalter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Switzerland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Herrlich

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

14. INFORMANT H J Gruen
(Address) California Mo

15. FILED H-8 19 31 Gas W. Roth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1931

17. I HEREBY CERTIFY, That I attended deceased from March 15 to April 7, 1931, that I last saw her alive on April 17, 1931, and that death occurred, on the date stated above, at 12:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage -
Cardio-renal disease -
hypertension -
(duration) 10 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage -
(duration) yrs. mos. da. 2 hours

18. WHERE WAS DISEASE CONTRACTED at home
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) Edgar A. Fitts, M. D.
4-8, 1931 (Address) California 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 New Salem Cemetery DATE OF BURIAL 4/8 1931

20. UNDERTAKER William & Fred Meyer ADDRESS California 7710

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.

MAY 27 1931

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