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.

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

Do not use this space.

6604

71

1. PLACE OF DEATH
County Morgan
Township Hawcreek
City ..... (No. ..... St. ..... Ward)

Registration District No. 919
Primary Registration District No. 5793 a

File No. .....
Registered No. 146

2. FULL NAME Theresia Gerlt

(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. 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)~~ Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25" 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME George Roiter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Elizabeth Mahlaner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Christ J Gerlt Stover Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stover Cemetery DATE Feby 27" 1933

19. UNDERTAKER (ADDRESS) C R Rapp & Son Stover Mo

20. FILED Mar 10" 1933 Geo L Ripperger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to Feb 25, 1933
I last saw her alive on Feb 24, 1933. Death is said to have occurred on the date stated above, at 2-30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	unknown
820	
99	

Other contributory causes of importance:
Hemiplegia paralysis 1927

Name of operation — Date of —
What test confirmed diagnosis? clinical history 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) A J Gunn, M. D.
(Address) Versailles Mo