APR 27 1936

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

Do not use this space.

13776

1. PLACE OF DEATH
County: Texas
Township: Burdine
City: Cabool (No. ..... St. ..... Ward)

Registration District No. 862
Primary Registration District No. 6135-

File No. ~~862~~
Registered No. 11

2. FULL NAME: Mary Ellen Gereaux

(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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 2 1914

7. AGE: Years 22 | Months 1 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

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): Cabool Mo.

FATHER
13. NAME: Tom Huffman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Josie Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Tom Huffman.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cabool Cemetery DATE: March 21, 1936

19. UNDERTAKER (ADDRESS): Gayland W. Elliott, Cabool Mo

20. FILED: Apr. 10, 1936 Mrs. Cloris Cunningham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to March 20, 1936
I last saw h. alive on March 16, 1936. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Diabetes (Sugar)

Date of onset

Other contributory causes of importance:

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) R. Cavales, M. D.
(Address) .....

N.B. Everything inserted in this copy must be properly classified. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.