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

JUN 25 1936

Do not use this space.

20290

1. PLACE OF DEATH
County: Pettis
Township: Green Ridge
City: ..... (No. ..... St. ..... Ward)

Registration District No. 664
Primary Registration District No. 5482

File No. .....
Registered No. 8

2. FULL NAME Garnett Ernest Gehle

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Ethel Gehle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24th 1891

7. AGE: YEARS 45 | MONTHS 0 | DAYS 0 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Sept. 1934
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brighton Mo St Louis Co

FATHER

13. NAME August Richard Gehle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brighton Mo St Louis Co

MOTHER

15. MAIDEN NAME Alice Garnett Stone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pattonsville Mo

17. INFORMANT Mrs Ethel Gehle
(ADDRESS) Green Ridge Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Green Ridge DATE May 5/26 1936

19. UNDERTAKER L. L. Ream
(ADDRESS) Green Ridge Mo

20. FILED May 30 1936 G. R. Shelley Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1934, to May 24 1936
I last saw him alive on May 23 1936. Death is said to have occurred on the date stated above at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

Splenic leukemia about 2 yrs ago — Date of onset

Other contributory causes of importance:
Hemiplegia cerebral, right side — 5/23/36

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) H. A. Hite, M. D.
(Address) Green Ridge, 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.

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

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