

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

Do not use this space.

43570

DEC 30 1936

**1. PLACE OF DEATH**

County Winnemucca Registration District No. 875  
 Township Washington Primary Registration District No. 6162  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
 Registered No. 322

**2. FULL NAME**

Geo. Gerscky  
 (a) Residence, No. State Highway #3 St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 23 mos. 23 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 Mary Gerscky

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 14, 1871

7. AGE YEARS 65 MONTHS 7 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. con. laborer

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) Slovak

13. NAME Geo. Gerscky

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slovak

15. MAIDEN NAME J. Absarich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slovak

17. INFORMANT Mary Gerscky Super Creek  
 (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Indy Mo DATE Nov 19 36

19. UNDERTAKER Wm. Cannon  
 (ADDRESS) Indy Mo

20. FILED Nov 18 1936 D. M. Cushing  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22 1936 to Nov. 18 1936

I last saw him alive on \_\_\_\_\_ 1936 Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis with chronic myocarditis Date of onset ?

Other contributory causes of importance: total pneumonia Nov 14/36

Name of operation none 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) T. T. O'Dell M. D.

(Address) Merado, 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.

