

DEC 18 1939

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

40119
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township 1 Primary Registration District No. 5-633 Registered No. 169
(c) City Ht. Vernon, Mo (d) Street No. Missouri State Sanatorium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. 2 mos. 24 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 600 Gertrude Gahr

(a) Residence, No. Cherryville, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cyrus Gahr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 23, 1904</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>3</u>
	DAYS <u>7</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>July 1937</u> II. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Steelville Missouri</u>	
	13. NAME <u>Jesse Butt</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford County Missouri</u>	
	15. MAIDEN NAME <u>Alta Stough</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Steelville Missouri</u>		
17. INFORMANT (ADDRESS) <u>E. McMichael, Record Clerk Missouri State Sanatorium</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Steelville, Mo.</u> DATE <u>Dec. 1 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>For - Funeral Home Mt. Vernon, Mo</u>		
20. FILED <u>Nov 30 1939</u> <u>P. A. Holmes</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1937 to Nov. 29, 1939
I last saw her alive on Nov. 29, 1939 Death is said to have occurred on the date stated above, at 1:30 p. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Date of onset Jan 1937

Other contributory causes of importance: 7 2

Name of operation _____ Date of _____
What test confirmed diagnosis Sputum - 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? no
If so, specify _____
(Signed) [Signature], M. D.
(Address) Mt. Vernon, 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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2460

Date Filed DEC 6 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Mrs. H. D. Fassett

Licensed Embalmer No. 2720

P.O. Address mt Vernon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.