

FILED OCT 18 1940

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

Do not use this space.

## 1. PLACE OF DEATH

County PettisRegistration District No. 668

Township .....

Primary Registration District No. 3032City Sedalia(No. Bothwell Hospital)File No. 32815  
310

Registered No. ....

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. Mr. Albert Gerken 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Gerken6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan..15,18737. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
67 8 68. 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) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Lincoln 0  
(STATE OR COUNTRY) Missouri13. NAME Herman Gerken 014. BIRTHPLACE (CITY OR TOWN) Lincoln 0  
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Anna Meuschke16. BIRTHPLACE (CITY OR TOWN) .....  
(STATE OR COUNTRY) Missouri17. INFORMANT Mrs. Lena Gerken  
(ADDRESS) Lincoln, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lincoln, Mo. DATE Sept. 23, 194019. UNDERTAKER Gillespie Funeral Home  
(ADDRESS) Sedalia, Mo.20. FILED 9-23 1940 Mr. Harry Sneed  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1940 194022. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1940 to Sept. 21, 1940I last saw him alive on Sept. 21, 1940 Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Cerebral Hemorrhage  
Endocarditis

Date of onset

Other contributory causes of importance: 92 B

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) Mr. J. S. Sneed, M. D.(Address) Sedalia, Mo. 9-23  
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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. 8,  
District File # 10-11-40  
Date Filed

L. E. Bonaldi  
9267  
Seelalia Mo