

16
APR 23 1930

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

Do not use this space.

7982

1. PLACE OF DEATH

County Greene
Township Londonville
City Londonville (No. _____) St. _____ Ward _____

Registration District No. 126
Primary Registration District No. 4069

File No. 7
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. E. Sailer</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>66 3 4</u>		
7. AGE (YEARS)	MONTHS	DAY
<u>66</u>	<u>3</u>	<u>4</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old Appleton, Mo.</u>		
PARENTS	10. NAME OF FATHER <u>H. J. Gross</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	12. MAIDEN NAME OF MOTHER <u>unpown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unpown</u>	
14. INFORMANT <u>H. M. Sailer</u> (Address)		
15. FILED <u>Apr 23 1930</u> <u>W. B. Baugh</u> REGISTRAR		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-31-1930
17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1929, to Mar 31, 1930 that I last saw her alive on Mar 30, 1930, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia
121
82 D (duration) yrs. 9 mos. 15 ds.
CONTRIBUTORY chronic nephritis
(SECONDARY) (duration) yrs. 6 mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED
129 W
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) E. R. Johnson, M. D.
Apr 2, 1930 (Address) Jackson Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Londonville
DATE OF BURIAL 4/2 30
2. UNDERTAKER
McCord's Fun & Undertaking
ADDRESS

