

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

Do not use this space.

14986

1. PLACE OF DEATH

County *Monteau*
Township *Halper*
City *California* (No.)

Registration District No. *571*
Primary Registration District No. *4335*

File No.
Registered No. *18*
St. Ward

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *H J Gruer*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 15 - 1863*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer) *100*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Ohio*
(STATE OR COUNTRY)

10. NAME OF FATHER *Frederick Affalter*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Netherlands*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Herrich*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Netherlands*
(STATE OR COUNTRY)

14. INFORMANT *H J Gruer*
(Address) *California Mo*

15. FILED *H-8* 19 *31* *Gas W. Roth*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 7 1931*

17. I HEREBY CERTIFY, That I attended deceased from *March 15* to *April 7*, 19*31*, that I last saw her alive on *April 7*, 19*31*, and that death occurred, on the date stated above, at *12:50 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
*Cerebral hemorrhage -
Cardio-renal disease
hypertension*

CONTRIBUTORY (SECONDARY) *Cerebral hemorrhage*
(duration) yrs. mos. ds. *2 hours*

18. WHERE WAS DISEASE CONTRACTED *at home*
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *no*
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical*
(Signed) *Edgar A. Kille*, M. D.

4-8, 19*31* (Address) *California Mo.*

*State the DISEASE CAUSING DEATH, and 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 *New Salem Cemetery* DATE OF BURIAL *4/8 1931*

20. UNDERTAKER *William & Fred Meyer* ADDRESS *California Mo*

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAY 27 1931

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.

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