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

Do not use this space.
28496

1. PLACE OF DEATH
County: Schuyler
Township: Prairie
City: Queencity MO (No. ..... St. ..... Ward)

Registration District No.: 806
Primary Registration District No.: 806

File No.:
Registered No.:

2. FULL NAME: Charles Henry Gramsch

(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 40 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16th 1834

7. AGE: Years 99 | Months 2 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. 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: all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: ~~Charles Henry Gramsch~~ Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known Germany

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT: Wm Gramsch
(ADDRESS): Queencity Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Germania Cem DATE: Aug 20 1933

19. UNDERTAKER: Wm A. West
(ADDRESS): Queencity Mo

20. FILED: 8/18/ 1933
J. A. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/18/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1933, to Aug. 18, 1933
I last saw him alive on August 18, 1933. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	Aug 18/33

Other contributory causes of importance:

Name of operation: — Date of: —
What test confirmed diagnosis? — 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? No.
If so, specify
(Signed) O. P. Gray M.D.
(Address) Queen City, Missouri.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of information should be carefully supplied. ROD should be stated EXACTLY. Accurate and very important.