

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1939 AUG 16 1939

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

Do not use this space.

26332

1. PLACE OF DEATH
 County New Madrid Registration District No. 55
 Township Danvers Primary Registration District No. 6262
 City Danvers No. _____ St. _____ Ward _____

2. FULL NAME 645 Betty Lou Gurler
 (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

MEDICAL CERTIFICATE OF DEATH

3) SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infants

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		<u>5</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) (STATE OR COUNTRY) St. Louis Mo

13. NAME Harold Gurler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caruthersville Mo

15. MAIDEN NAME Verba Elkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Dus Elkins

18. BUREAU OF HEALTH OR REMOVAL PLACE Danvers Mo DATE July 6 1939

19. UNDERTAKER (ADDRESS) J. W. McNeil Danvers Mo

20. FILED July 26, 1939 A. V. Munna Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 4 . 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 1939

I last saw her alive on 7 - 4, 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:
Cholera Infantum Date of onset _____

Other contributory causes of importance:
Pneumonia bronchial

Name of operation none 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? none Date of injury _____, 19____
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify no

(Signed) Geo. Fullison M. D.
 (Address) Danvers Mo

RECEIVED

District Health Officer No. 2,

District File Number 839-139

Date Filed 8-19