

REC'D SEP 20 1939

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

Do not use this space.

29199

1. PLACE OF DEATH

County GreeneRegistration District No. 323Township SumnerPrimary Registration District No. 5448City Howard(No. 1)St. Mo.Ward 1

2. FULL NAME

Howard F. Gucker(a) Residence, No. R.F.D. 2, Willard St., Mo. Ward. 1

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22-19395A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs Myrtle K. Gucker

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 18781936, to 1939, 19397. AGE YEARS 61 MONTHS 4 DAYS 26 IF LESS than 1 day,hrs. ormin.I last saw him alive on 8-22-1939. Death is saidto have occurred on the date stated above, at 8:00 p.m.

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

Uremic Poisoning Date of onset 8-10-8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Type SetterOther contributory causes of importance: 54 Diabetes 67m9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Type Setter10. Date deceased last worked at this occupation (month and year) 193411. Total time (years) spent in this occupation 40y12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redbud, ILL13. NAME Daniel Gucker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana15. MAIDEN NAME Marinda Brickley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithton, Ill17. INFORMANT Mrs Myrtle K. Gucker18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley's Cem DATE AUG-24-193919. UNDERTAKER R.L. Greenwade Undertaking Co (ADDRESS) Willard20. FILED AUG-23-1939 Mrs. Ralph Hughes Registrar23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1939Where 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? noIf so, specify no (Signed) R.F. Willard, M. D.Paul D'Orre

2. If death occurred in a hospital, the name of the hospital should be stated. If death occurred in a nursing home, the name of the nursing home should be stated. If death occurred in a sanatorium, the name of the sanatorium should be stated. If death occurred in a private home, the name of the street and number should be stated. If death occurred in a public place, the name of the place should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Dr. Miller performed this test to the near end, so used the old