

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.

Feb 8

115-15-a

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

Do not use this space.

115-15-a

1. PLACE OF DEATH
 5 County Darry Registration District No. 29
 Township Fair Creek Primary Registration District No. 5038
 City..... (No)..... St. Ward.....

2. FULL NAME Bert Gunks
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) don't know
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2
 13. NAME Albert Gummels
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 15. MAIDEN NAME Louise Hawks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 17. INFORMANT (ADDRESS) Sallie Hood
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wola, Mo DATE April 2, 1932
 19. UNDERTAKER (ADDRESS) Frankenberry
 20. FILED Oct 1 1932 Mrs. H. R. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1932
 22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1931, to 4-1, 1932
 I last saw him alive on 3-27, 1932 Death is said to have occurred on the date stated above, at 6 P.M.
 The principal cause of death and related causes of importance were as follows:
menial Salmon Date of onset
34
 Other contributory causes of importance:
Syphilis
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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?.....
 If so, specify.....
 (Signed) S. A. Newman, M. D.
 (Address) Leasville, Mo.

