SEP 27 1927

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

Do not use this space.

23878

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Clark

Township: Sweet Home

City: ..... (No. ..... St. ..... Ward)

Registration District No.: 192

Primary Registration District No.: 5267

2. FULL NAME: Charles W. Gudka

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... da.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Dora Bane.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 13, 1872

7. AGE: Years 55 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Farming

(c) Name of employer: /

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Clark Co. Missouri

PARENTS

10. NAME OF FATHER: Martin Gudka

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany.

12. MAIDEN NAME OF MOTHER: Caroline Albrecht

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany.

14. INFORMANT: Mrs. Rosa Gudka
(Address): Revere Mo.

15. FILED: Aug 12, 1927. J. L. McConnell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1927, to Aug 12, 1927, that I last saw him alive on Aug 12, 1927, and that death occurred, on the date stated above, at 1.15 P.M.

THE CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (SECONDARY): None

(duration) ..... yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. L. McConnell, M. D

8/16, 1927 (Address) Revere Mo

*State the DISEASE CAUSING DEATH, or 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: Revere Cemetery

DATE OF BURIAL: 8/15 1927

20. UNDERTAKER: F. J. Karle

ADDRESS: Kahoka Mo.