

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

Do not use this space.

28153

1. PLACE OF DEATH
 County St. Clair Registration District No. 762
 Township Callins Primary Registration District No. 0003
 City (No) St. _____ Ward _____

2. FULL NAME Geo B. Gunder
 (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

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF widower Sylvia Gunder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 | 3 | 4

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)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER Gaspar Gunder

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

12. MAIDEN NAME OF MOTHER Elizabeth Woodruff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Prussia

14. INFORMANT Sura Rothburn
 (Address) Callins, Ill.

15. FILED Sept 5 1927 Mr. C. L. Lousaker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 5 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1 1927 to Sept 5 1927 and that I last saw him alive on Sept 27 1927 and that death occurred, on the date stated above, at 5:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Analysis agutens

CONTRIBUTORY (SECONDARY) 84B
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam
 (Signed) E. N. Hall, M. D.
 _____, 19 _____ (Address) St. Louis, 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 Robinson DATE OF BURIAL 8-5-27

20. UNDERTAKER A. C. Robertson ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

PARENTS

