MAY 28 1928

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

Do not use this space.

12350

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 462
City St Joseph (No. St Joseph's Hospital St. Ward)

2. FULL NAME Mrs. Evelyn Gunter
(a) Residence. No. 401 1/2 Edmond 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1, 1905

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
22	6	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fairbury Nebr
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER B. O. Whysing
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Council Bluff
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Laura Grinsley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa

14. INFORMANT J. J. Fleeman
(Address) 1208 Francis

15. FILED APR 13 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 13th, 1928, to April 10th, 1928, that I last saw her alive on April 10th, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

35A Salpingitis Gonorrheal
139B
(duration) yrs. mos. 30 ds.

CONTRIBUTORY (SECONDARY) Pelvic Abcess
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 401 1/2 Edmond St St Joseph, Missouri
DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 22nd 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Albert E. Holley, M.D.
4/12, 1928 (Address) 822 Edmond St St Joseph 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 Fairbury Nebr — DATE OF BURIAL April 13 1928

20. UNDERTAKER Fleeman Funeral Home — ADDRESS 1208 Francis