SEP 24 1928

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

Do not use this space.

85

26480

File No.

Registered No. 256

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

Township

Primary Registration District No.

City St. Joseph, (No. 512 Virginia, St. Ward)

2. FULL NAME Ida Charlotte Marks Gurwell,

(a) Residence. No. 512 Virginia, St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 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.

PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	4	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Wisconsin,

PARENTS

10. NAME OF FATHER Unknown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Abraham L. Gurwell
(Address) 512 Virginia Street.

15. FILED AUG 4 1928, 19 John G. Jeffe REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 3rd 1928

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to aug 2, 1928, that I last saw h. er alive on aug 2, 1928, and that death occurred, on the date stated above, at 6:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the liver with metastasis to the intestines

466 (duration) yrs. mos. ds.

466 CONTRIBUTORY (SECONDARY) (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?

(Signed) Thomas Redmond, M. D

7=3/28 19 (Address) P. & S. Building.

*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
Maple Grove Cemetery
Stewartsville, Missouri

DATE OF BURIAL Aug. 5, 1928

20. UNDERTAKER Heaton Bessole & Bowman
by S. H. Teale

ADDRESS 319 S. 10 St.
Funeral Home

Redmond P. [illegible] B.