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

Do not use this space.

39566

File No. .....

Registered No. 23

1. PLACE OF DEATH

County: Andrew — Registration District No.: 16

Township: Rochester — Primary Registration District No.: 5020

City: ~~Helena~~ (No. Helena, Missouri, St. ..... Ward)

2. FULL NAME Abram Elijah Gunselman,

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

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flora Gunselman,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	4	1	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Andrew County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Valentine Gunselman,

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

12. MAIDEN NAME OF MOTHER Rebecca Hurst,

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

14. INFORMANT Mrs. A. E. Gunselman
(Address) Helena, Missouri,

15. FILED 12/30, 1929 Mrs. Bettie Boggess
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1929, to Dec 29, 1929, that I last saw him alive on ~~Dec 29~~, 1929, and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
Viewed after death
Died suddenly

(duration) ..... yrs. ..... mos. ..... ds.

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

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) C L Allen, M. D

Dec 29, 1929 (Address) Odaby, 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	DATE OF BURIAL
Savannah, Mo.	Dec. 31 1929
20. UNDERTAKER	**ADDRESS**
Frank H. Bowman	Savannah, Mo

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.