

JUL 23 1930

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

Do not use this space.

19836

1. PLACE OF DEATH

County Jefferson
Township Gestus
City Gestus (No. _____)

Registration District No. 421
Primary Registration District No. 4249

File No. _____
Registered No. 56
St. _____ Ward _____

2. FULL NAME

Bernyan Emil Asplund

(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 4 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 8 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
47 4 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Gestus High School

9. BIRTHPLACE (CITY OR TOWN) Little Indian
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER John Asplund

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

12. MAIDEN NAME OF MOTHER Clara Johnson

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

14. INFORMANT Mrs. J. W. Rucker
(Address) Independence Mo

15. FILED 6/3 1930 J. E. Ruelledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2nd 1930

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1930, to June 2, 1930, that I last saw him alive on June 2, 1930, and that death occurred, on the date stated above, at 12 00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever.
1230

(duration) yrs. mos. ds.
CONTRIBUTORY Hemorrhage of bowels
(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) J. E. Ruelledge, M. D.
6/3, 1930 (Address) Gestus, 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 Franklin Ill
DATE OF BURIAL June 4 1930

20. UNDERTAKER Quester & Vinyard
ADDRESS Gestus Mo

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