

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

Do not use this space.

9589

8 1. PLACE OF DEATH
2 County Phelps Registration District No. 677
4 Township Rolla Primary Registration District No. 4403
City Rolla (No. _____) St. _____ Ward _____

2. FULL NAME Gertrude Gunn
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chris Gunn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1st 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 7 13
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8
13. NAME John Newton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Elizabeth Walton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
17. INFORMANT (ADDRESS) John Newton, R. R. 11, Phelps Co., Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Phelps County, Mo. DATE 3/16 1932
19. UNDERTAKER (ADDRESS) Jas. C. Hoeser, Rolla, Mo.
20. FILED _____ 19 _____ Registrar _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14 1932
22. I HEREBY CERTIFY, That I attended deceased from 3/12 1932 to 3/14 1932
I last saw her alive on 3/14/32, 19____ Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:
carcinoma of the uterus
44 48
Other contributory causes of importance: _____
Date of onset _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Asmc Searles M. D.
(Address) Rolla 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.

APR 28 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Phelps

Registration District No. 677

File No. _____

Township _____

Primary Registration District No. 440 3

Registered No. 37

City Rolla (No. _____)

St. _____ Ward) _____

2. FULL NAME Bertine Gumm

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14-1932

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

22. I HEREBY CERTIFY, That I attended deceased from 3-12-1932 to 3-14-1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1-1881

I last saw her alive on 3-14-1932 Death is said to have occurred on the 14th stated above, at 9a m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 7 13

The principal cause of death and related causes of importance were as follows: Cerebral hemorrhage of the

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 13. NAME John Newton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Elizabeth Walton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) John Newton Julia Old

18. BURIAL, CREMATION, OR REMOVAL PLACE Memph Cem DATE 3/16 32

19. UNDERTAKER (ADDRESS) Jas C. Hollow Cuba mo.

20. FILED May 10 1932 Jos. F. Ryan Registrar.

Name of operation _____ Date of _____

23. If death was due to external causes (violence), fill in also the following: What test confirmed diagnosis? _____ Was there an autopsy? _____

24. Was disease or injury in any way related to occupation of deceased? _____

25. If so, specify A S Mc Farland M. D.

(Signed) _____ (Address) Rolla mo.

y item of information should be carefully supplied. E should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PARTS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-9589