WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

35681

1. PLACE OF DEATH

10 County Boone Co. Registration District No. 76 File No. 11

Township Cedar Primary Registration District No. 5110 B. Registered No. 5110 B

City Hartsburg Mo (No. ..... St. ..... Ward)

2. FULL NAME Augusta Marie Gungoll

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

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2th 1862

7. AGE: YEARS 71 MONTHS 8 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stople Mo.

FATHER
13. NAME John Hartke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Caroline Hartke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Herman Gungoll Hartsburg Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ X
PLACE Hartsburg, Mo. DATE Nov. 12 1933

19. UNDERTAKER (ADDRESS) Buescher Funeral Home 429 E Capitol Ave Jefferson Mo.

20. FILED 12/8 1933 H. A. Niemeyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1933, to Nov 9 1933
I last saw the alive on Nov 9 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver 124B

Date of onset: Not known

Other contributory causes of importance: 1240

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

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? No
If so, specify .....
(Signed) C. P. Meyer, M. D.
(Address) Hartsburg Mo