

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

Do not use this space.

19350

1. PLACE OF DEATH

County Andrew
Township Balckow
City Balckow (No. _____)

Registration District No. 9
Primary Registration District No. 4004

File No. 8
Registered No. 9
St. _____ Ward _____

2. FULL NAME Walter Dale Gusselman

(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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/18, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marnie Gusselman

22. I HEREBY CERTIFY, That I attended deceased on 6/18, 1934 to 11A m. I last saw h. 6/18 alive on 6/18, 1934 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1894

to have occurred on the date stated above, at 11A m. The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>49</u>	<u>10</u>	<u>6</u>	

Date of onset

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

Coronary Thrombosis

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

1116 94th

10. Date deceased last worked at this occupation (month and year) June 16 1934 11. Total time (years) spent in this occupation 25

Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pickering MO

Acute Gastritis

MOTHER FATHER 13. NAME Wm Gusselman

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Goddards MO

What test confirmed diagnosis? _____ Was there an autopsy? No

15. MAIDEN NAME Alise Hurst

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrews MO

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT L. R. Gusselman Balckow Mo (ADDRESS) 1014 1st St

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence Cemetery June 20 1934

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Fred J. Lehman (ADDRESS) Saraborn

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

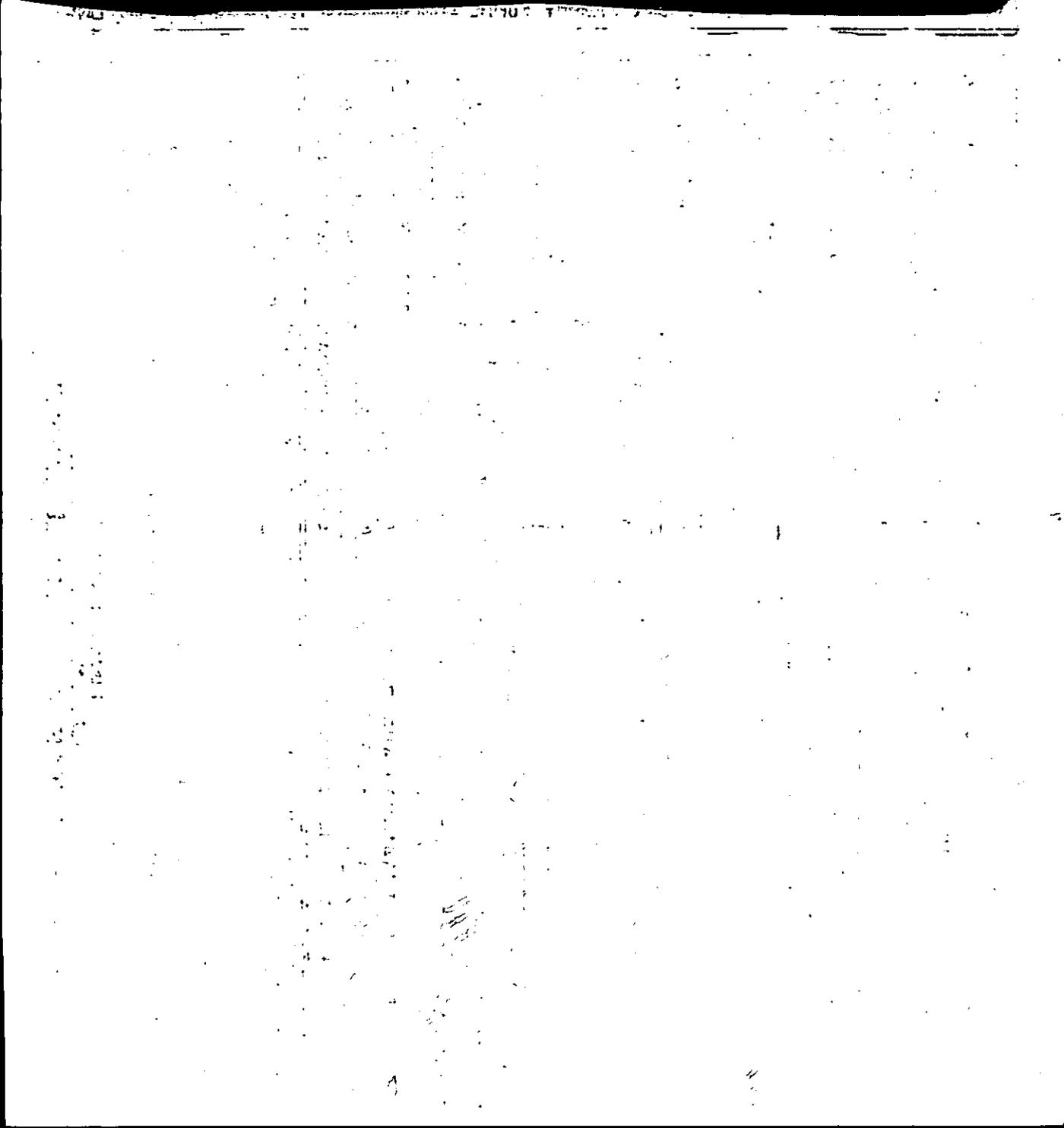
20. FILED Jan 19 1934 J. V. Carter Registrar.

(Signed) W. Loggins, M. D. (Address) Balckow Mo

JUL 20 1934

5967

MISSOURI STATE BOARD OF HEALTH



**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 Andrew
Township Blossackee
City Blossackee (No. _____ St. _____ Ward _____)

Registration District No. 9
Primary Registration District No. 4006

File No. _____
Registered No. 8

2. FULL NAME

Walter Dale Gurselman

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
--------	-------	--------	------	--

OCCUPATION

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

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) _____

FATHER

13. NAME _____

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

MOTHER

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED June 20th 1934 J. W. Cassin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1934

22. I HEREBY CERTIFY, That I attended deceased on 6/18, 1934, to _____, 19____

I last saw him _____ alive on 6/18, 1934 Death is said to have occurred on the date stated above, at 11 a. m.

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

Coronary Thrombosis (Date of onset _____)

Other contributory causes of importance:

Acute Gastritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) W. Logan Ward M. D.

(Address) Blossackee Mo.

SUPPLEMENTARY

5-19350