MAY 2 5 1935

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

Do not use this space.

8833

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 197
Township — Primary Registration District No. 9001 — Registered No.
City Springfield (No. St. John Hosp. St. Ward)

2. FULL NAME Mrs Elsie Gustin
(a) Residence, No. 1844 N Jefferson 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

3. SEX F
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 W. P. Gustin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1880
7. AGE YEARS 54 MONTHS 4 DAYS 18 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) Xenia, Ohio

FATHER
13. NAME David Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

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

17. INFORMANT (ADDRESS) W. P. Gustin Springfield, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 4/2 35
19. UNDERTAKER (ADDRESS) Herman Lohmeyer Springfield, Mo
20. FILED 3-1 1935 [signature] Register

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/-30, 1935
22. I HEREBY CERTIFY, That I attended deceased from 3/18 —, 1935, to 3/30, 1935
I last saw her alive on 3/29, 1935 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Adeno-carcinoma Gall Ducts | ? |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Cholecystitis with Stones | 20 yrs |

Name of operation Drainage Common Duct Date of 3/25-35
What test confirmed diagnosis? Lab Biopsy 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) [signature], M. D.
(Address) Springfield 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.

INDIA OFFICE