

**JUN 21 1935 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

16875

**1. PLACE OF DEATH**

County Jasper

Registration District No. 417

File No. \_\_\_\_\_

Township West Pts

Primary Registration District No. 3021

Registered No. 35

City West Pts (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1 mile N. of W.P. 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**

3. SEX Male 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 Pearl Gungenhouser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	48	6	7	

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

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) Michota (STATE OR COUNTRY) Missouri

13. NAME F. M. Gungenhouser

14. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Louisa Hall

16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Pearl Gungenhouser (ADDRESS) West Pts, Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Westville Cem. DATE May 12, 1935

19. UNDERTAKER West Pts. Und. Co. (ADDRESS) West Pts, Ind.

20. FILED 5-11 1935 J. K. Craig Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1935, to May 10, 1935

I last saw him alive on May 9, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Chronic Fibroid  
Bronchitis  
(Silicosis)

Date of onset \_\_\_\_\_

Other contributory causes of importance: 1140

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 \_\_\_\_\_, 1935

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) \_\_\_\_\_, M. D.

(Address) West Pts, Ind.

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.

