

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 22 1935

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

Do not use this space.

19337

1. PLACE OF DEATH

County DeKalb

Township Dallas

City

Registration District No. 263

Primary Registration District No. 5265

File No. 24

Registered No. 24

(No. St. Ward)

2. FULL NAME Gustav S. Gunderson

(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 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 Lucinda Gunderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/26-1870

7. AGE YEARS 65 MONTHS 3 DAYS 26 If LESS than 1 day,hrs. ormin.

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) Buchanan Co. (STATE OR COUNTRY) Mo.

13. NAME Enoch Gunderson

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

15. MAIDEN NAME Christine Nelson

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

17. INFORMANT Lucinda Gunderson (ADDRESS) Mayville Mo.

18. BURIAL, CREMATION, OR REMOVAL Gunderson Cem. DATE 6/23-35

19. UNDERTAKER U.G. Pilcher (ADDRESS) Mayville Mo.

20. FILED July 10, 1935 James Fitzgerald Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1935, to 6-22, 1935

I last saw him alive on 6-21, 1935 Death is said

to have occurred on the date stated above at 12:30 p.m.

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

Ca of Stomach Date of onset 3-1-35

Other contributory causes of importance NO

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? no

If so, specify

(Signed) James Fitzgerald M. D.

(Address) Mayville Mo

