

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

Do not use this space.

APR 15 1936

1. PLACE OF DEATH

County Buchanan
Township St Joseph MO
City St Joseph MO (No. 1722 Colhoun)

Registration District No. 85
Primary Registration District No. 1001

File No. 9435
Registered No. 443
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1722 Colhoun St., _____ Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred Life mos. _____ da. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ da. _____ (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 Caroline Gug
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1851
7. AGE YEARS 84 MONTHS 11 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harbor Cemetery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mr Mora Cem
10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation 10

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

13. NAME Joseph Gug

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) Prussia

15. MAIDEN NAME Mary Heesler

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

17. INFORMANT Caroline Gug (ADDRESS) 1722 Colhoun

18. BURIAL, CREMATION, OR REMOVAL PLACE McClure DATE 3-24-35

19. UNDERTAKER Barry - Haffner (ADDRESS) 2218 S. 10th

20. FILED 3-24-36 John R Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 27 1935 to Mar 22 1936
I last saw him alive on Mar 27 1936 Death is said

to have occurred on the date stated above, at 623A m.
The principal cause of death and related causes of importance were as follows:

Sarcoma of the Prostate gland Date of onset _____

Other contributory causes of importance: 51

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? Yes
If so, specify _____
(Signed) W. L. Hartwell, D.O. M. D.
(Address) 2324 50th Ave.

