

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

Do not use this space.

JUL 31 1937

24767

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

File No. _____

Township St. Francois

Primary Registration District No. 6018A

Registered No. 111

Near City Farmington

(No. _____ Ward)

2. FULL NAME Carl Gullede

(a) Residence, No. Caruthersville, Mo. 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*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 1 14

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

13. NAME Henry Oliver Gullede

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

15. MAIDEN NAME Maggie Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cobden Illinois

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Hospital Cemetery DATE June 21 1937
Farmington, Mo.

19. UNDERTAKER (ADDRESS) Cozean Funeral Home
Farmington, Missouri

20. FILED 6/18 1937 B. J. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15 1937 to June 18 1937

I last saw him alive on June 17 1937. Death is said to have occurred on the date stated above, at 9:30 a. m.

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

Pulmonary tuberculosis Date of onset 3-30-37

Other contributory causes of importance:

Schizophrenia 1935

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? no
If so, specify _____

(Signed) Paul J. Schuck M. D.

(Address) Farmington, 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.

WRITE PLAIN WITH BOLDING INK—THIS IS A PERMANENT RECORD

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