

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County JasperRegistration District No. 411Township GreenaPrimary Registration District No. 2002City Joplin (No. Freeman Hospital)File No. 30945

Registered No. _____

2. FULL NAME Walter Robert Gelling(a) Residence, No. 2108 Connor 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)

July 25-1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

001st

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Child

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)

Joplin, Mo.

13. NAME

Walter Gelling

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

Joplin, Mo.

15. MAIDEN NAME

Beulah Simon

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

Freeman

17. INFORMANT (ADDRESS)

Mrs. W. Gelling
2108 Connor

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Hope DATE Aug 9 1937

19. UNDERTAKER (ADDRESS)

Frank Dierkes Mortuary
Joplin, Mo.

20. FILED

8 29 1937 Ed B. James
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8th, 193722. I HEREBY CERTIFY. That I attended deceased from 7-25 1937 to 8-8, 1937I last saw him alive on Aug 8th, 1937 Death is said to have occurred on the date stated above, at 3:40 a.m.

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

acute Gastroenteritis with acidosisDate of onset Aug 1stOther contributory causes of importance: 11 9th

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? ✓

If so, specify _____

(Signed) M. C. Davis, M. D.(Address) 2047 New Pkwy. Joplin, 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.

