

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

Do not use this space.

11

1. PLACE OF DEATH

County Cass
Township Edwards
City Drexel

Registration District No. 151
Primary Registration District No. 4085

File No. 2343
Registered No. 2

2. FULL NAME

Karl Frederick Gummels

(a) Residence, No. _____ 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 M 4. COLOR OF RACE Wh 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) Dec-25-1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		<u>1</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Drexel Mo.

13. NAME Earl D. Gummels

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

15. MAIDEN NAME La Vaughn Custer

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

17. INFORMANT Earl D. Gummels
(ADDRESS) Drexel Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE East Mt Zion DATE Jan-31-1938

19. UNDERTAKER (ADDRESS) none

20. FILED Jan-31-1938 James Gummels
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-30-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938, to Jan 30, 1938

Last saw him alive on Jan 29, 1938 Death is said to have occurred on the date stated above, at 7:50 a. m.

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

Capillary Bronchitis

Date of onset Jan 27

Other contributory causes of importance:

Primitiveness

RECORDED

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 whether injury occurred in a factory, in a school, in a 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) Basel B. Hartwell, M. D.

(Address) Drexel Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be stated EXACTLY. PHYSICIANS should state cause of death to be stated EXACTLY. Cause of death to be stated EXACTLY.

FEB 23 1938
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MO. STATE BOARD OF HEALTH

