

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.

REC'D MAY 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Cape
Township Hubble
City Gordonville, Mo. (No.)

Registration District No. 126
Primary Registration District No. 5174B

File No. 14267
Registered No. 87
St. Ward

2. FULL NAME Alvine Gusta Amelunke

(a) Residence, No. Rfd #1 Gordonville, Mo. Ward. 5-43
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1870

7. AGE YEARS 67 MONTHS 3 DAYS 6 If LESS than 1 day, hrs. or min.

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. Housework

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Gordonville, Missouri (STATE OR COUNTRY)

13. NAME Adolph Springer

14. BIRTHPLACE (CITY OR TOWN) Hanover, Germany (STATE OR COUNTRY)

15. MAIDEN NAME Louise Hincie

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

17. INFORMANT Mrs. Albert Macke (ADDRESS) Gordonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion M.E.Cem. DATE Apr. 6 1938

19. UNDERTAKER Haman's Funeral Home (ADDRESS) Cape Girardeau, Mo.

20. FILED 4/6 138 Wm. W. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 3- 1938, to April 4- 1938

I last saw her alive on April 14- 1938. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Apoplexy.

9241-

Date of onset

Other contributory causes of importance:

Arteriosclerosis.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? NA

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) W. W. Ford M. D.

(Address) Gordonville, Mo.

122

