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 AUG 24 1938

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

Do not use this space.

25531

1. PLACE OF DEATH
County Jackson
Township Blue
City Independence (No. 1918 Vermount St. Ward)

R.F.D.

Registration District No. 398
Primary Registration District No. 5554

File No.
Registered No. 203

48

2. FULL NAME Alvin Bernhardt Gunther 536

(a) Residence, No. 1918 Vermount 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Luisa Gunther

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1872

7. AGE: YEARS 65. MONTHS 7 DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Missouri 1

FATHER
13. NAME John Gunther 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Illinois

MOTHER
15. MAIDEN NAME Julia Weber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record No record

17. INFORMANT (ADDRESS) Mrs. Willard W. Fellar 1918 Vermount

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington Cem. DATE July 28, 1938

19. UNDERTAKER (ADDRESS) George C. Carson Independence, Mo.

20. FILED 7-30-1938 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1937, to 7/26, 1938
I last saw him alive on 7/1, 1938. Death is said to have occurred on the date stated above, at 7:45 A.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

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Other contributory causes of importance:

Chr. Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) [signature], M. D.
360 (Address) 10307 Indep. Ave