

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

43422
 Do not use this space.

1. PLACE OF DEATH **GREENE** Registration District No. **316**
 (a) County.....
 (b) Township..... Primary Registration District No. **2001** Registered No.....
 or **SPRINGFIELD** (c) City.....
 (d) Street No. **Burge Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **130 Gus O. David**
 (a) Residence, No. **501 Boonville** St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **V**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unk. 1986**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Restaur**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation **V**
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**
 FATHER
 13. NAME **unk.**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unk.**
 MOTHER
 15. MAIDEN NAME **Data unk.**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unk.**
 17. INFORMANT (ADDRESS) **Chester Daniels Springfield, Mo.**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Green Lawn** DATE **12-27** 19**39**
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Alma Schaefer Springfield, Mo.**
 20. FILED **12/31** 19**39** **Chas. A. George M.D.** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-25** 19**39**
 22. I HEREBY CERTIFY, That I attended deceased from **June 1st** 19**39**, to **Dec. 25th** 19**39**
 That saw him alive on **Dec. 24th** 19**39**, Death is said to have occurred on the date stated above, at **2:10 P.M.**
 The principal cause of death and related causes of importance were as follows:
Carcinoma of the Rectum - (primary)
 Date of onset
 Other contributory causes of importance: **4/10**
 Name of operation **none** 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 O. Unshar, M.D.** M. D.
 (Address) **Springfield, Missouri**

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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43422
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1. PLACE OF DEATH

(a) County Greene Registration District No. 3B
(b) Township _____ Primary Registration District No. 2001 Registered No. _____
(c) City Springfield (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Gus O. David St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 33

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2/7/1940 Chas. A. George, Jr. Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Paul O. Zupshaw, M. D.

(Address) Springfield, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

