

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

Do not use this space.

JUL 2 2 1935

16262

1. PLACE OF DEATH

County Henny Registration District No. 347
Township White Oak Primary Registration District No. 5495
City Irish (No. _____ St. _____ Ward _____)

File No. 83
Registered No. _____

2. FULL NAME

Dora Kate Gutzinger
(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 66 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo Gutzinger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-21-1868</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>11</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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.	
	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) <u>White Oak Mich</u>		
FATHER	13. NAME <u>John Barth</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>May Lebold</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>John Gutzinger Irish Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>White Oak</u> DATE <u>May 24</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Smith & Graham Irish Mo</u>		
20. FILED <u>6-25</u> 19 <u>35</u> <u>J. R. Hampton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 12 1935 to May 22 1935
I last saw h. or alive on May 22 1935 Death is said to have occurred on the date stated above, at 4:30 pm.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris
Date of onset _____

Other contributory causes of importance brassy form heart insufficiency

Name of operation _____ Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? y Date of injury 7 1935
Where did injury occur? 1 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place, _____

Manner of injury y
Nature of injury y

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. W. Gahrwirth M. D.
(Address) Irish Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM

TO : SAC, NEW YORK

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

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