

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

Do not use this space.

FEB 17 1937

1082

1. PLACE OF DEATH

County Henry
Township Lenville
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 5501A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Frank William Gonskuder

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 00 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 <u>male</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>Nancy Susan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-7-1877</u>		
7. AGE YEARS <u>89</u>	MONTHS <u>10</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>Life</u>
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1937
22. I HEREBY CERTIFY that I attended deceased from January 24, 1937, to June 24, 1937
Last saw him alive on Jan 24, 1937 Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

Influenza - 10 days & death
Pneumonia - 3 days & death

Other contributory causes of importance:

Cerebral hemorrhage
Name of operation None Date of _____
What test confirmed diagnosis? Cerebral Was there an autopsy? Yes

23. If death was due to external cause (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) S. W. Wolzen M. D.
(Address) Clinton, Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gasconade Co Mo</u>
	13. NAME <u>Bernard Gonskuder</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Mary Combs</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT <u>Carl Gonskuder</u> (ADDRESS) <u>Clinton, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Poplar Chapel</u> DATE <u>June 26, 1937</u>	
19. UNDERTAKER <u>Paul E. Wilkinson</u> (ADDRESS) <u>Clinton, Mo</u>	
20. FILED <u>1-25</u> , 19 <u>37</u> <u>J. R. Hampton</u> Registrar.	

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.

