

JUL 26 1928

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

Do not use this space.

21332

25

1. PLACE OF DEATH

County Wray  
Township Wray  
City Versailles (No. ....) St. .... Ward)

Registration District No. 598  
Primary Registration District No. 4350

File No. ....  
Registered No. ....

2. FULL NAME

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Susan C. Price

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8<sup>th</sup> 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 6 20

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Wray Mo

10. NAME OF FATHER

Ephraim F Gunn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER

Sallie G Madry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14.

INFORMANT (Address) Mrs Irvin Young Versailles Mo

15.

FILE 26 28 19 28 H. N. Tutman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1928

17. I HEREBY CERTIFY That I attended deceased from June 20, 1928, to June 25, 1928, that I last saw h. .... alive on June 25, 1928, and that death occurred, on the date stated above, at 5-30 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral hemorrhage  
Hemiplegia  
arterial sclerosis  
(duration) 6 yrs. mos. da.  
CONTRIBUTORY (SECONDARY) arterial sclerosis  
(duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. ....

DID AN OPERATION PRECEDE DEATH. .... DATE OF ....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) A J Gunn, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Versailles Mo DATE OF BURIAL June 26 1928

20. UNDERTAKER

Ketchell Versailles Mo ADDRESS

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.

