

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

Do not use this space.

6337

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3019
City Independence (No. _____ St. _____ Ward _____)

2. FULL NAME Matilda Ann (Morgan) Gunter
(a) Residence. No. 905 N. Van Horn 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William S. Gunter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 20

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

9. BIRTHPLACE (CITY OR TOWN) Shannonville
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER William Morgan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

12. MARDEN NAME OF MOTHER Katharine Whalen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ohio

14. INFORMANT Frank Russell
(Address) 905 N. Van Horn

15. FILED 2-13, 1929 F. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8, 1929

17. I HEREBY CERTIFY That I attended deceased from Feb 7, 1929 to Feb 8, 1929 that I last saw her alive on Feb 8, 1929 and that death occurred on the date stated above, at 8:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Robert pneumonia
10/8

(duration) yrs. mos. ds. 10/10 yrs. mos. ds. 5

CONTRIBUTORY (SECONDARY) _____
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) Pho. Keason, M.D.
7/10, 1929 (Address) Independence Mo

*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 DATE OF BURIAL
Mound Grove Cem. 2-10-1929

20. UNDERTAKER ADDRESS
J. L. Latta, Independence, Mo.

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.

MAR 22 1929

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