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

Do not use this space.

JUL 23 1930

File No. 20092

Registered No.

1. PLACE OF DEATH

County Monroe — Registration District No. 579

Township Marion — Primary Registration District No. 5776

City Madison (No. ..... St. ..... Ward)

2. FULL NAME William Edwin Gwynne

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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~~ Ida Irving Gwynne

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/15/1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	10	X	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(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) Monroe Co. Mo

PARENTS

10. NAME OF FATHER Joseph Gwynne

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Monroe Co. Mo

12. MAIDEN NAME OF MOTHER Ursula Webb

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

14. INFORMANT Pearle Gwynne
(Address) Madison Mo R.R.

15. FILED 6/16, 1930 Fred A. Thompson REGISTRAR
W. W. Eubank

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/15 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/9, 1930, to 6/15, 1930, that I last saw him alive on 6/14, 1930, and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

132A
82A Apoplexy
132A

..... (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) Nephritis Uraemia

..... (duration) ..... yrs. ..... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED 1910

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clin Signs & Symph

(Signed) C. A. Smith, M. D.

, 19 (Address) Madison 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: Bethel Cemetery Holleda

DATE OF BURIAL: 19

20. UNDERTAKER: Fred A. Thompson

ADDRESS: Madison

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD