

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

Do not use this space.

20581  
~~20679~~

**PLACE OF DEATH**  
 County St. Louis Registration District No. 14  
 Township Central Primary Registration District No. 14  
 City St. Louis (No. 6638, Bartmer Ave.) St. 14 Ward 14

**2. FULL NAME** William J. Gunby  
 (a) Residence. No. 6638 Bartmer Ave. St. 14 Ward 14  
 (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 Male 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 Elizabeth Gunby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 10 26

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

9. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

**PARENTS**

10. NAME OF FATHER Jacob Gunby

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Lillian Brinker  
 (Address) 6638 Bartmer Ave.

15. FILED....., 19..... REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1929, to June 4, 1930, that I last saw him alive on June 3, 1930, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of bowels  
46 in  
46 c  
162 (duration) 4 yrs. mos. ds.

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

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

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

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) W. F. Dumm, M. D.  
 , 19 (Address) 5657 Delmar

\*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 McKittick Mo. DATE OF BURIAL 6-7 1930

20. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Easton ave.

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Cal 8220

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City..... (No. .... St. .... Ward)

Registration District No. 1160  
Primary Registration District No. 4470

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

**2. FULL NAME**

William J. Gurby

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

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

**8. OCCUPATION OF DECEASED**

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address) Leo J. Gould

15. FILED Aug 6, 1930 Leo J. Gould REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... that I last saw h..... alive on....., 19....., and that death occurred on the date stated above at.....

(THE CAUSE OF DEATH WAS AS FOLLOWS:  
Carcinoma of pylorus of stomach  
Carcinoma of bowels

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 44d

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

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

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D. , 19 (Address)

\*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

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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