

AUG 20 1930

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

Do not use this space.

21934

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Mo. Primary Registration District No. 1001
 City St. Joseph Mo. No. 628 Pendleton St. _____ Ward _____

2. FULL NAME Serrona Stegga May Gunn
 (a) Residence, No. 628 Pendleton 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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alophus Gunn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1898-July 31

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
~~22~~ 31 / 11 / 0

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife
 (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) St. Joseph Mo.

10. NAME OF FATHER Louis White

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

12. MAIDEN NAME OF MOTHER Gyona Allen

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

14. INFORMANT Mrs. White & Mr. Gunn
 Address 628 Pendleton St.

15. FILED 8 15 30 19 John S. M. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 July 1930

17. I HEREBY CERTIFY, That I attended deceased from 18 Jan 1930 to 1 July 1930 that I last saw her alive on 1 July 1930 and that death occurred, on the date stated above, at 7:18 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Subacute Endo
Carditis
91A
 (duration) yrs. 0 mos. 19 ds.
 CONTRIBUTORY (SECONDARY) BBB
 (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) W. H. ... M. D.
July 30 Address 1908 Pershing

*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 Int. Mora DATE OF BURIAL July 30th 1930

20. UNDERTAKER B. F. Graves ADDRESS 806-S. 17th St.

