

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

Do not use this space.

24535

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City Solomons (No. 3917, De Louisy)

File No. ....  
Registered No. 6691.....  
St. .... Ward)

**2. FULL NAME**

Theresa Gurnersell  
(a) Residence. No. 3917 De Louisy. St., 17 Ward. ....  
(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.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 11 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>66</u>	<u>2</u>	<u>28</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Solomons  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm Haffey

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT LeRoy Gurnersell  
(Address) 3917 De Louisy Co

15. JUL 11 1930 FILED New Castle REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1930

17. HEREBY CERTIFY, That I attended deceased from July 7, 1930, to July 9, 1930 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 1040..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Apoplexy  
92A  
97

CONTRIBUTORY (SECONDARY) Artero-Sclerosis (duration) yrs. mos. 3 ds.

(duration) yrs. 6 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**

(Signed) John J. Kehue, M. D.

7/10, 1930 (Address) 4145 St Louis

\*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**

Cahary Cemetery

July 12 1930

**20. UNDERTAKER**

**ADDRESS**

Leitz Bros 3029 Lafayette Ave

WRITE 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.

MISS J. J. J. J.  
27th St