

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

Do not use this space.

28967

File No. _____
Registered No. 19
St. _____ Ward)

1. PLACE OF DEATH

County Washburn Registration District No. 891
Township Patoka Primary Registration District No. 4540
City Madison (No. _____)

2. FULL NAME

Louis Francis Gunn

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/30/1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 8 9

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Lewis L. Gunn

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

12. MAIDEN NAME OF MOTHER Josephine Andrews

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

14. INFORMANT (Address) Josephine Boyd
Madison, Mo.

15. FILED 8/21 1930 T. C. Piles M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/20 1930

17. I HEREBY CERTIFY, That I attended deceased from _____
June 1, 1930, to August 1, 1930.
That I last saw him alive on Aug. 11, 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
9/17

CONTRIBUTORY (SECONDARY)

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 Phys. Diagnosis

(Signed) T. C. Piles, 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 Hatchers Grove Cem.,
Attorn, Oregon Co., Mo. 8/21 1930

20. UNDERTAKER Gish, Under Co. Piddmont, 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.

