

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.

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

29497

1. PLACE OF DEATH

County Darwin
Township Gallatin
City Gallatin (No.)

Registration District No. 250
Primary Registration District No. 4150

File No.
Registered No. 586
St. Ward

2. FULL NAME

Oliver May Runnels

(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 Married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29 - 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 9 18

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

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

PARENTS
10. NAME OF FATHER J. A. Shaper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Ann Hook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Paul Runnels
(Address) Gallatin, Mo.

15. FILED 9/19, 1930 Ph Gardner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 17 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1930 to Sept 17, 1930 that I last saw him alive on Sept 17, 1930 and that death occurred, on the date stated above, at 10:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asthma chronic
bronchite

106 B
CONTRIBUTORY (SECONDARY) 99 B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? chest
Ph Gardner M. D.

9/19, 1930 (Address) Gallatin 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 Brown Cemetery DATE OF BURIAL 9/19 - 1930

20. UNDERTAKER Hill. Hope ADDRESS Gallatin Mo.

