

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

Do not use this space.

24480

1. PLACE OF DEATH

County Cass
Township Grand River
City Harrisonville (No.)

Registration District No. 156
Primary Registration District No. 4090

File No.
Registered No. 39
St. Ward)

2. FULL NAME

Vernon L. Gunn

(a) Residence, No. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 22 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 Male 4. COLOR OR RACE Black 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) May 15 - 1931

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
0 1 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Leonard Gunn

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

12. MAIDEN NAME OF MOTHER Goldie Vernon

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

14. INFORMANT Katie Vernon
(Address) Harrisonville Mo.

15. FILED 7/7 1931 A.S. Long
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1931

17. I HEREBY CERTIFY, that I attended deceased from 7-1-31 to 7-7-31, 1931, and that I last saw him alive on 7-7-31, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
109A
Bronchial Pneumonia

CONTRIBUTORY (SECONDARY) 107A
(duration) yrs. mos. ds.

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) David Shang, M. D.
7/7, 1931 (Address) Hullie 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 Orient Cemetery DATE OF BURIAL 7/7 1931

20. UNDERTAKER Runnenburger Bros & Co ADDRESS Harrisonville Mo.

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.

AUG 25 1931

or long

