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.

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

Do not use this space.

35825

File No. 10339

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4218 Garfield St. Ward)

Registration District No. 791

Primary Registration District No. 802

2. FULL NAME Jeanette Gunn

(a) Residence. No. 4218 Garfield St., 11 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: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): abt 1869

7. AGE: about 62 YEARS; MONTHS: Unknown; DAYS; If LESS than 1 day, ...hrs. or ....min.

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): (at home)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

PARENTS

10. NAME OF FATHER: Unknown

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Hickman Gunn
(Address) 4559 Cottage Ave

15. FILED OCT -8 1931 19 Max C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1931, to Oct 6, 1931 that I last saw h-ue alive on Oct 3, 1931, and that death occurred, on the date stated above, at 9:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Cerebral Hemorrhage

82A

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Chronic Parenchymatous Nephritis (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?

(Signed) C C Emerson, M. D.

Oct 7, 1931 (Address) 3870 Easton

*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: Greenwood Cem.

DATE OF BURIAL: Oct 10 1931

20. UNDERTAKER: Wm McDowell

ADDRESS: 3419 Franklin