

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.

38219

PLACE OF DEATH *Drumright Okla.*
 County *Lincoln* Registration District No. *502*
 Township *Drumright* Primary Registration District No. *4305*
 City *Drumright* No. *55* St. *Drumright* Ward *Okla.*

2. FULL NAME *Harris L. Gwynn*
 (a) Residence, No. *Drumright Okla.* St. *Drumright* Ward *Okla.*
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. *3* ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Edith Purnell Gwynn*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 8 1906*

7. AGE YEARS *24* MONTHS *11* DAYS *16* IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Machinist*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *helped on standard pipe line*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Enola Oklahoma*

13. NAME *Charles Gwynn*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

15. MAIDEN NAME *Berilda James*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Mrs H. L. Gwynn Drumright Okla.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Drumright Okla* DATE *11/31*

19. UNDERTAKER (ADDRESS) *Joe M. Langhain Drumright Mo*

20. FILED *11/24 1931* *Ch. Futman Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 24 1931*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *6 a.m.*

The principal cause of death and related causes of importance were as follows:
200B
Causes Unknown
Dropped dead while dressing for work

Other contributory causes of importance:
200B

8. Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide *none* Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *none*
 Nature of injury *none*

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *J. J. Patrick, Coroner*, M. D.
 (Address) *Marceline Mo*

