

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

Do not use this space.

**1. PLACE OF DEATH**

County Bates  
Township West Creek  
City Adrian (No. \_\_\_\_\_)

Registration District No. 4-7  
Primary Registration District No. 4027

File No. 40094  
Registered No. 33  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Hiram Madison Gunn

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-26-1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>63</u>	<u>2</u>		

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Freeman Mo.

13. NAME Medham Gunn

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

15. MAIDEN NAME Maggie Lemons

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

17. INFORMANT M. L. Gunn (ADDRESS) Adrian Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burdett Cem. DATE Dec. 27, 1931

19. UNDERTAKER Leath and Sif (ADDRESS) Adrian Mo.

20. FILED 12-28-1931 D. H. W. Felt Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1931 to Dec 26, 1931

I last saw him alive on Dec 26, 1931 Death is said

to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

Epilepsy  
82 B  
1921  
J. J. W.

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ 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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) O. J. McConnell, M. D.

(Address) Adrian Mo.

WHITE PLAIN, 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.

JAN 19 1932

