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

Do not use this space.

16503

File No. .....

Registered No. 14

1. PLACE OF DEATH

County 49 Jasper — Registration District No. 413

Township Marion — Primary Registration District No. 6-5-5-9 c

City Webb City Hospital (No. ..... St. ..... Ward)

2. FULL NAME Velma Gunnells

(a) Residence. No. ..... St., ... Ward. Viola - Barry Co
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	28	1	2	

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) .....
(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER Ben Gunnells

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

12. MAIDEN NAME OF MOTHER Lizie Hill

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

14. INFORMANT Records
(Address)

15. FILED 5-16 1932 J E Weaver REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1932

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to May 15, 1932 that I last saw h. alive on May 14, 1932, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pertussis Syphilis

911

224

Tuberculous Entero-Colitis (duration) 8 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Positive Sputum

(Signed) Jesse E. Daughtery M. D.

5/15, 1932 (Address) Webb City

*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	DATE OF BURIAL
Webb City	5/19 1932

20. UNDERTAKER	ADDRESS
Steele and Co	Webb City Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

JUN 23 1932

V. S. No. 2.