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.

OCT 26 1932

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

Do not use this space.

29153

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township Blue — Primary Registration District No. 3019
City Independence (Indep. Sanitarium St. Ward)

File No.
Registered No. 286

2. FULL NAME James H. Gunion
(a) Residence, No. 1003 West Hayward St., 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 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 Gertrude Gunion
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1846
7. AGE YEARS 86 MONTHS DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stone Pottery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 years
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) Pittsburg Penn.

FATHER
13. NAME Hugh Gunion
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Sarah Bassett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Gertrude Gunion 1003 W. Hayward
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wound Grove DATE Sept. 13 - 1932
19. UNDERTAKER (ADDRESS) Carson Funeral Home Independence Mo
20. FILED Sept. 13, 1932 Fd Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932, to Sept 11, 1932
I last saw him alive on Sept 11, 1932. Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis c̄ auricular fibrillation + hypertension + heart failure. — Date of onset: Cant say

Other contributory causes of importance:
Chronic colitis

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No.

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) Russell D. Eisenhauer, M. D.
(Address) Independence, Mo.