

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

Do not use this space.

588

1. PLACE OF DEATH

County Cedar
Township Benton
City..... (No.....)

Registration District No. 164
Primary Registration District No. 5229

File No. 124
Registered No.
St. Ward)

2. FULL NAME

Oscar Clyde Gunier

(a) Residence. No. 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

Iva May Gunier

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

Aug-20-1901

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
31	4	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Starkton Cedar Co

10. NAME OF FATHER

Edd Gunier

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Starkton Cedar Co.

12. MAIDEN-NAME OF MOTHER

Maud Haynes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Coplogu Mo Cedar Co

14.

INFORMANT

(Address)

Edd Gunier
Jerico Spys Mo

15.

FILED

Feb 2 1933 Fr. M. Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan-18-1933

17.

I HEREBY CERTIFY, That I attended deceased from Jan 17....., 1933, to Jan 18....., 1933 that I last saw him alive on Jan 13....., 1933, and that death occurred, on the date stated above, at 3:50.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pertinosis following ruptured Appendix

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. A. Small..... M. D.

1-14-1933 (Address) Starkton Mo

*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

Jerico Spys Mo 1/19-1933

20. UNDERTAKER

ADDRESS

O. P. Mitchell Jerico Spys

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 9 1957