

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. 3531, book 66)

File No. 3502

Registered No. 436

**2. FULL NAME**

Richard L. Gunn

(a) Residence, No. .... St., 21 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 25 - 1880</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>4</u>
	DAYS <u>19</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stax labor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rice Oil Co</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>
	13. NAME <u>Hugh Gunn</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	15. MAIDEN NAME <u>Delia Shields</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
17. INFORMANT <u>Mrs. Maurice Moloney</u> (ADDRESS) <u>2531 Brook St</u>	
18. BURIAL, CREMATION, OR REMOVAL	
PLACE <u>Chapman</u>	DATE <u>Jan 14 - 1933</u>
19. UNDERTAKER <u>Arthur J. Donnelly and Co</u> (ADDRESS) <u>2439 1/2 West St</u>	
20. FILED <u>JAN 12 1933</u>	<u>Max Standen</u> Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13<sup>th</sup> 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 7 - 1933, to Jan 12<sup>th</sup> 1933. I last saw him alive on Jan 12<sup>th</sup> 1933. Death is said to have occurred on the date stated above, at 8 P. m. The principal cause of death and related causes of importance were as follows:  
Diabetes (coma) Date of onset do not know

Other contributory causes of importance:

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? ..... 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) C. O. Connor, M. D.  
(Address) 1316 1/2 m Grand

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.

1316 A. W. B. and Co