

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.

APR 25 1934

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

Do not use this space.

8837

1022

1. PLACE OF DEATH
 County Jackson Registration District No. 1002
 Township Jackson Primary Registration District No. 1002
 City Kennett (No. R. B. General Hospital) St. Mo. Ward 1

2. FULL NAME Edward Gunther, Adam
 (a) Residence, No. 2905 Walnut St. Ward. 1
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Gunther

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-20-1870

7. AGE YEARS 63 MONTHS 5 DAYS 13 If LESS than 1 day,hrs. ormin.

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

MOTHER FATHER
 13. NAME Fredrick Gunther
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Annie
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Robert G. Smith
 (ADDRESS) R. B. General Hospital

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cemetery DATE March 7 1934

19. UNDERTAKER John J. Sheehan
 (ADDRESS) 4316 Tolson Ave. Kansas City Missouri

20. FILED 3-5 1934 monmouth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-14-34, to 3-4-34
 I last saw him alive on 3-4-34 Death is said to have occurred on the date stated above, at 12:31 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 10/30
Chronic Myocarditis
 Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? yes

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?
 If so, specify Yes
 (Signed) J. S. Bennett, M. D.
 (Address) Beaumont Hosp.

Adam Luther