

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.

11300

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **4440**, **Anderson Ave.**) St. Ward)

File No.
Registered No. **3202**
St. Ward)

2. FULL NAME

Cornelius J. Gurney
(a) Residence, No. **4440 Anderson** St., **10** Ward. (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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 30-1856**

7. AGE YEARS **77** MONTHS **8** DAYS **29** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Social Service Work**

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) **Jacksonville Fla**

13. NAME **C. J. Gurney**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

15. MAIDEN NAME **Mrs. Munnery**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT **E. J. Gurney** (ADDRESS) **4440 Anderson**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem** DATE **Apr 2 1934**

19. UNDERTAKER **Edith E. Ambruster** (ADDRESS) **4334 Manchester Ave**

20. FILED **3/11/34** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar-29-1934**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 26th**, 19**34**, to **March 29th**, 19**34**

I last saw him alive on **Mar. 29th**, 19**34** Death is said to have occurred on the date stated above, at **12:10 P.**

The principal cause of death and related causes of importance were as follows:

Broncho. Pneumonia Date of onset **1/26/34**

1076
750

Other contributory causes of importance:
Myocardial insufficiency
Arterio-sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Walter E. Bailey, D.O.** (Address) **245 Finess Bldg**

