

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

Do not use this space.

OCT 23 1935

30805

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. 1802

Division

File No.....

7589

Registered No.....

St. Ward)

2. FULL NAME James E. Gunn

(a) Residence, No. 1802 Division 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 21 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 - 30 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
50 5 4

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Laborer

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) Alabama

13. NAME Patrick Gunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

15. MAIDEN NAME Mattie Ellinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Willie T. Gunn
1802 Division St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson's DATE 9/9/1935

19. UNDERTAKER (ADDRESS) C. W. Roberts
3035 Duong Ave.

20. FILED SEP -9 1935 19 J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/4. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935, to Sept. 4, 1935

I first saw him alive on Sept. 14, 1935. Death is said to have occurred on the date stated above, at 8 AM.

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

Date of onset

Arterio sclerosis

Other contributory causes of importance

Embolic Thrombosis (Brain)

Name of operation Date of
What test confirmed diagnosis? Clinical 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?

If so, specify W. R. Williams, M. D.

(Signed) W. R. Williams
(Address) 8-23-12/6

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.

