

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.

JUN 6 1936

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

E
Do not use this space.
40006-6
195

1. PLACE OF DEATH
 County Jefferson Registration District No. 420
 Township State Primary Registration District No. 3022
 City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME Mary E. Elizabeth, Gunnell
 (a) Residence, No. 306 St. James St. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. mo. ds. How long in U. S., if of foreign birth? yrs. mo. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William E. Gunnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>2</u>	<u>10</u>	

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

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) Mt Vernon Mo.

FATHER

13. NAME William Willigues

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

MOTHER

15. MAIDEN NAME Alice Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

17. INFORMANT (ADDRESS) W. E. Gunnell 306 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Delato Mo. DATE Dec. 28, 1935

19. UNDERTAKER (ADDRESS) Donnell B. Dietrich Delato Mo.

20. FILED 12-26 1935 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec - 13 1935, to Dec - 26 1935
 I last saw u alive on Dec 25 1935 Death is said to have occurred on the date stated above, at 3:29 a.m.
 The principal cause of death and related causes of importance were as follows:
Catarhal Pneumonia Date of onset 12-12-35

Other contributory causes of importance 107

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? Yes
 If so, specify Health Officer (Signed) _____, M. D.
 (Address) Delato Mo.

