

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

Do not use this space.

JAN 21 1935

40811

1. PLACE OF DEATH

County St. Francois
 Township St. Francois
 City Farmington, Mo.

Registration District No. 773
 Primary Registration District No. 6018A

File No. _____
 Registered No. 168
 St. _____ Ward _____

Near _____

2. FULL NAME Clarence Gunter

(a) Residence, No. St. James, Mo. St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 10 8

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

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) DeCamp
 (STATE OR COUNTRY) Missouri

13. NAME George Gunter

14. BIRTHPLACE (CITY OR TOWN) Phelps County
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Frances Ray

16. BIRTHPLACE (CITY OR TOWN) Phelps County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Hospital Records
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James Mo. DATE 12-18 1935

19. UNDERTAKER RICHARDSON FUNERAL HOME
 (ADDRESS) Farmington Mo.

20. FILED 12-17-1935 J. Robinson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 19 35

22. I HEREBY CERTIFY, That I attended deceased from 8-16-34 1934 to 12-16 1935

I last saw him alive on 12-16-35 1935 Death is said to have occurred on the date stated above, at 11:20 A.M.

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

Chronic bilateral pulmonary tuber- Date of onset
culosis cavity formation with ter-
минаl tuberculous pneumonia T.B. 3-4 Yrs.

Other contributory causes of importance:
Dementia Praecox, malnutrition 11-12 Yr

Name of operation No X-Ray Date of No
 What test confirmed diagnosis? Clin-Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 1935

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 _____

(Signed) J. Robinson, M. D.
 (Address) Farmington, Mo.
State Hospital #4

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.

