

OCT 23 1936

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

Do not use this space.

35061

1. PLACE OF DEATH

County Marion
Township Mohawk
City Versailles (No. St. Ward)

Registration District No. 598
Primary Registration District No. 4355

File No.
Registered No. 47

2. FULL NAME

Mrs Ella Gunn

(a) Residence, No. St. Ward.
(Usual place of abode)

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 FM 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19-1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 6 4

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. r
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Versailles, Mo (STATE OR COUNTRY)

FATHER
13. NAME J. B. Thurston

14. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Nancy Walton

16. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) a J Gunn Versailles, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles DATE Sept 25, 1936

19. UNDERTAKER, M. F. Kidwiler (ADDRESS) Versailles, Mo

20. FILED Oct 1, 1936 W. E. Hulbert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1936 to Sept 23, 1936
I last saw Dr alive on Sept 23, 1936 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
hemiplegia

Date of onset 8-25-36

Other contributory causes of importance: arterial sclerosis

Name of operation..... chemical autopsy
What test confirmed diagnosis?..... 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? no
If so, specify.....

(Signed) a J Gunn, M. D.
(Address) Versailles Mo.

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.

