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.

WHITE PLAINLY, WITH CHARGING INK. THIS IS A LEGAL DOCUMENT. WRITE PLAINLY

X7294

DEC 29 1936

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

Do not use this space.

45529

1. PLACE OF DEATH

County Mississippi — Registration District No. 566 — File No.

Township Ohio — Primary Registration District No. 5762 — Registered No. 158

City Wyatt, M (No. ..... St. ..... Ward)

2. FULL NAME James Edward Gunter

(a) Residence, No. Wyatt St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 7 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 25 1930

7. AGE: YEARS 6 — MONTHS 10 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Wyatt Missouri

FATHER

13. NAME: Ed Gunter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cobden Illinois

MOTHER

15. MAIDEN NAME: Nannie Steward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ardell Missouri

17. INFORMANT (ADDRESS): Ed Gunter Wyatt, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Dec 4, 1936

19. UNDERTAKER (ADDRESS): Frank Lair Funeral Service Charleston, Mo

20. FILED 12-4- 1936 T S Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h..... alive on No Doctor, 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Run over by auto on highway — Date of onset

crushed skull

Accidental

Other contributory causes of importance:

None

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

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 2, 1936

Where did injury occur? Near Wyatt on highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: On Highway Run over by auto

Nature of injury: Crushed skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Hackney Coroner, M. D.

(Address) Charleston Mo