

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.

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township
City Trenton (No.)

Registration District No. 328
Primary Registration District No. 3017

File No. 23787
Registered No.
St. Ward

2. FULL NAME Unnamed (Tunnell)

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19-1937</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>none</u>		<u>none</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>none</u>		
10. Date deceased last worked at this occupation (month and year)		
<u>none</u>		

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

13. NAME James David Tunnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reger, Mo.

15. MAIDEN NAME Helew Mae McKay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pattonburg, Mo.

17. INFORMANT (ADDRESS) James D. Tunnell
Galt Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Schock Cemetery DATE June 20, 1937

19. UNDERTAKER (ADDRESS) Friends: A.P. McKay
Galt Mo.

20. FILED 6-20-1937 Irene W. Filer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 19, 1937, to June 19, 1937.
I last saw h. w. alive on June 19, 1937. Death is said to have occurred on the date stated above, at 10⁰⁰ p. m.
The principal cause of death and related causes of importance were as follows:

Premature birth (5th month) Date of onset
Other contributory causes of importance: 15A

Name of operation Date of
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?
If so, specify
(Signed) G. H. Cullers, M. D.
(Address) Trenton, Mo.

James Ferr
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