

JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County L. Shelby
Township Jefferson
City Lebanon (No. _____)

Registration District No. 833 2
Primary Registration District No. 6096

File No. 46927
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Samuel Lincoln Gwynn
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 29 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 3

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

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) Ohio

13. NAME John Gwynn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Emma Harvey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT L. Opal Gwynn (ADDRESS) Shelbyville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon DATE June 2, 1937

19. UNDERTAKER W. H. Hawley (ADDRESS) Lebanon Mo

20. FILED June 3, 1937 E. W. Gerard Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1937

I HEREBY CERTIFY, That I attended deceased from May 23, 1937 to June 2, 1937

I last saw him alive on June 2, 1937. Death is said to have occurred on the date stated above, at 3 p. m.

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

Chronic interstitial nephritis Date of onset May 23, 1937

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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? _____

If so, specify _____ (Signed) E. W. Gerard, M. D.

(Address) Lebanon Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. NO SIGNATURE OF CLERK SUPPLIED. NO SIGNATURE OF STATE EXAMINER. PHYSICIANS should state

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