

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.

AUG 25 1938

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

Do not use this space.

1. PLACE OF DEATH
71 County Morgan Registration District No. 597
Township Morgan Primary Registration District No. 57-92
1 City Barnett (No. 4384) St. _____ Ward _____
0
2. FULL NAME Clifford Junior Gunn 50-0
(a) Residence, No. Barnett 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.

File No. 25984
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
None - ✓ 8

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) Barnett

FATHER 13. NAME H. Clifford Gunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Marwin Mo

MOTHER 15. MAIDEN NAME Galdie Florence Benton

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

17. INFORMANT (ADDRESS) N. Clifford Gunn

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Rock cemetery DATE 8-3-1938

19. UNDERTAKER (ADDRESS) Carl Yakov

20. FILED 8710 19 38 HE Callison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 19 38

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

I last saw h. _____ alive on _____, 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:

Stillborn cause unknown.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. G. Gunn _____, M. D.

(Address) Versailles Mo

