

REC'D SEP 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jericho  
Township Brush Creek  
City Hartsville (No. \_\_\_\_\_)

Registration District No. 906  
Primary Registration District No. 6218

File No. 3031E  
Registered No. 20  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

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

Length of residence in city or town where death occurred 3 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 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 Lulla Gunnette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 4 24

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 May 1938 11. Total time (years) spent in this occupation Ref

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utah

13. NAME J. M. Gunnette

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

15. MAIDEN NAME Jane Sallett

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

17. INFORMANT Mrs. John Gunnett (ADDRESS) 174 Hillside Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Coon Creek DATE May 15, 1938

19. UNDERTAKER (ADDRESS) Ben E. Haldeman Hartsville, Mo.

20. FILED Aug 25, 1938 Carlye Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1938, to May 17, 1938. I last saw him alive on May 12, 1938. Death is said to have occurred on the date stated above, at 12:55 P.M.

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

Coronary Thrombosis  
Date of onset May 12, 1938

Other contributory causes of importance: g.j.w.

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? yes  
If so, specify J. R. Mott (Signed) \_\_\_\_\_, M. D.  
Hartsville Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

8223

RECEIVED

District Health Officer No. 6,

District File Number 6-38-131

Date Filed 9-20-38