REC'D JAN 23 1939

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

251

Do not use this space. 42906

1. PLACE OF DEATH
(a) County Daviess 2
(b) Township Grand River 1
(c) City ..... (d) Street No. ....., ... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 251
Primary Registration District No. 5350 5350 Registered No. 12

3/

2. PRINT FULL NAME Margaret Ann Tunnell
(a) Residence, No. 540 St. ✓
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 - 1888

7. AGE: Years 50 | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
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) Daviess Co Mo

FATHER
13. NAME James Tunnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ia.

MOTHER
15. MAIDEN NAME Ida Conoway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Russell Tunnell Pattonsburg Mo R 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Fell Cemetry DATE Dec 7 1938

19. FUNERAL DIRECTOR (NAME) G. S. Gromer (ADDRESS) Pattonsburg Mo

20. FILED Dec 7 1938 Ava Pugh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1938, to Dec. 4 1938
I last saw h~~e~~ alive on Dec 4 1938. Death is said to have occurred on the date stated above, at 7:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

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) D. L. Hedges, M. D.
(Address) Pattonsburg

Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed G S Gomer

Licensed Embalmer No. 2857

P. O. Address Pattansburg M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.