LSD AUG 9 1939

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

26097
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence 2 Registration District No. 1060
(b) Township Mt Pleasant 1 Primary Registration District No. 5635 Registered No. 6
(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.

2. PRINT FULL NAME Beatrix Leigh Gunn
(a) Residence, No. Wentworth, Mo. #1 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) July 4, 1939
7. AGE: Years no Months no Days no If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as 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 COUNTY) Lawrence County Missouri

FATHER
13. NAME Clyde R. Gunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Lawrence ~~Newton~~ County Missouri

MOTHER
15. MAIDEN NAME L. Beatrice Brownlee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Newton County Missouri

17. INFORMANT Allyce Gunn (ADDRESS) Wentworth, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Van Buren Cem. DATE July 4, 1939
19. FUNERAL DIRECTOR (NAME) Glen E. Dale (ADDRESS) Sarcoxie, Mo.
20. FILED July 5, 1939 Rice Woods Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw him alive on July 4, 1939 Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

Still born, probably caused by cord being tight around neck, had been dead several days

Date of onset

Other contributory causes of importance:

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) E. B. Vasey, M. D.
(Address) Pierce City, Mo.

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.

RECEIVED
District Health Officer No. 6,
District File Number 839-1511
Date Filed AUG 7 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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