FILED JAN -8 1943

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

Do not use this space.

42151

99 1 0

1. PLACE OF DEATH
County Scotland
Township Jefferson
City Memphis (No. ..... St. ..... Ward)

Registration District No. 326 99 1 0
Primary Registration District No. 4482

File No. .....
Registered No. 75

2. FULL NAME William L. Gunnell

(a) Residence, No. ..... St., ... Ward 0
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in ~~city or town~~ community - all his life where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Anna B. Gunnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1874

7. AGE YEARS 68 MONTHS 11 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Scotland Co Mo

FATHER
13. NAME Wm H. Gunnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Falmouth Ky

MOTHER
15. MAIDEN NAME Sarah Ann Schultz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greensborrow Penn

17. INFORMANT (ADDRESS) Wm Alfred Gunnell Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greensburg Cemetery DATE Dec 22 1942

19. UNDERTAKER (ADDRESS) Gerth & Baskett Memphis Mo

20. FILED Dec 31 1942 Bernice Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1942, to Dec 20, 1942
I last saw him alive on Dec 20, 1942 Death is said to have occurred on the date stated above, at 7:20 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance: 93d

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? No
If so, specify .....
(Signed) A. M. Keethler Jr., M. D.
(Address) Memphis, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33

RECEIVED
District Health Office No. 10
District File Number 1-43-34
Date Filed Jan. 7-1943

Fred Gerth Undertaker
License #1029