

FILED MAR 18 1944

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

Do not use this space.

11660

1. PLACE OF DEATH

County *Ozark Co mo*
Township *Pattersonville Mo*
City *Dawson Township*Registration District No. *264*
Primary Registration District No. *5892*File No. *??*
Registered No. *9*
St. *0* Ward

2. FULL NAME

Lucille Virginia Gunter(a) Residence, No. *Pattersonville* St. Ward.(Usual place of abode)
Length of residence in city or town where death occurred *15* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. *11* mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 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) *Aug 9, 1928*7. AGE YEARS *15* MONTHS *6* DAYS *10* If LESS than 1 day, ... hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School girl*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *X*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ozark Co mo*13. NAME *Orville Gunter*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ozark Co mo*15. MAIDEN NAME *Echel Callie*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ozark Co mo*17. INFORMANT *Orville Callie*(ADDRESS) *Pattersonville*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Parson Cem.* DATE *2-19-* 19*44*19. UNDERTAKER *None*20. FILED *2-20* 19*44* *Margaret Hutchinson*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/19* 19*44*22. I HEREBY CERTIFY, That I attended deceased from *2/18* 19*44* to *2/19* 19*44*I last saw him alive on *2/18* 19*44* Death is said to have occurred on the date stated above, at *6:40* A.M.

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

Branchio Pneumonia
Date of onset *5 days*

Other contributory causes of importance:

measles *7 days*Name of operation *X* Date ofWhat test confirmed diagnosis? *X* Was there an autopsy?23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *X* Date of injury, 19Where did injury occur? *X* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *X*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *Merrell Thompson* M. D.(Address) *West Plains mo*

RECEIVED

District Health Officer No. 6,

District File Number 344-345

Date Filed MAR 16 1944