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

Do not use this space.

31357

1. PLACE OF DEATH
County: Pulaski — Registration District No.: 712 — File No.:
Township: Liberty — Primary Registration District No.: 5941 — Registered No.:
City: Richland (No. ... St. ... Ward)

2. FULL NAME: Ralph Clement Guntly

(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1918 Sept 21

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
10			7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Emil Guntly
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Blanche Walters
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Salem
(STATE OR COUNTRY): Dent Co Mo

14. INFORMANT: Mrs Blanche Guntly
(Address): Richland Mo

15. FILED 9-29 1928 Everett A. Oliver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 28 1928 11 P.M.

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1928, to Sept 28, 1928, that I last saw him alive on Sept 27, 1928, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis
8 days
9 days

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (SECONDARY): ~~Unk~~ Otitis Media
(duration) ... yrs. ... mos. 7 ds.

18. WHERE DID DISEASE CONTRACTED? Not
IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Bed Side Diagnosis

(Signed) Everett A. Oliver, M. D.
Sept 29, 1928 (Address) Richland Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: 9/30 1928

20. UNDERTAKER: [illegible] — ADDRESS: Richland Mo

NOTE. 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.