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.

SEP 26 1927

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

Do not use this space.

23585

1. PLACE OF DEATH
County: Washington
Township: Franklin
City: ..... (No. ..... St. ..... Ward)
Registration District No. 67
Primary Registration District No. 3102C
File No.
Registered No. 19

2. FULL NAME: Rudolph Kunsiker

(a) Residence. No. ..... St., ... Ward, ... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Kunsiker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 10th 1846

7. AGE: Years 81 | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Switzerland

PARENTS
10. NAME OF FATHER: John Kunsiker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: Dorothy Kunsiker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Switzerland

14. INFORMANT: Ernest Kunsiker
(Address): Marble Hill

15. FILED Aug 13 1927 C. A. Sander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 13 1927

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1927, to Aug 13, 1927, that I last saw him alive on Aug 10, 1927, and that death occurred, on the date stated above, at 6.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart disease
Cyst
Ascites
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. A. Sander, M. D
, 19 (Address) Marble Hill, 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: Ebenezer
DATE OF BURIAL: Aug 14 1927

20. UNDERTAKER: C. J. Parker
ADDRESS: Luterville