

Feb 24 1928

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

Do not use this space.

3825

1. PLACE OF DEATH

County Washington
Township.....
City Potosi (No.....) (St.....) (Ward.....)

Registration District No. 887
Primary Registration District No. 4538

File No.....
Registered No. 4

2. FULL NAME Ammanuel Raymond Munnac

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 [Signature]

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 10 7 1/2

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

9. BIRTHPLACE (CITY OR TOWN) Potosi
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Roy Munnac

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Furnace Creek
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ella Cain

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Iron Co. Mo

14. INFORMANT Roy Munnac
(Address) Potosi Mo

15. FILED 1/13 1928 Jos. L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-12 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1928, to Jan 12, 1928 that I last saw him alive on Jan 8, 1928, and that death occurred, on the date stated above at 11:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Influenza

(duration) yrs. mos. da. 8

CONTRIBUTORY (SECONDARY) [Signature]
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Jos. L. Thurman, M. D.
1/13 1928 (Address) Potosi, 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 Furnace Creek DATE OF BURIAL 1-13 1928

20. UNDERTAKER J. B. Boyer & Son ADDRESS Potosi Mo

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.

