

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.

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

Do not use this space.

14514

1. PLACE OF DEATH
 County Ripley Registration District No. 75-1
 Township Shoshone Primary Registration District No. 5990
 City (No.) _____ St. _____ Ward _____

2. FULL NAME Albert Mc Muntry
 (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 _____ mos. _____ da. How long in U.S., if of foreign birth _____ yrs. _____ mos. _____ da.

File No. 208
 Registered No. 13

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 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) June 29 1914
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 13 9 21

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

9. BIRTHPLACE (CITY OR TOWN) Naylor
 (STATE OR COUNTRY) Ripley Co., Mo.

10. NAME OF FATHER Geoffrey Mc Muntry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Naylor
 (STATE OR COUNTRY) Ripley Co., Mo.

12. MAIDEN NAME OF MOTHER Laura Whitehead

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Blount field
 (STATE OR COUNTRY) Scott Co., Mo.

14. INFORMANT Arthur Mc Muntry
 (Address) Naylor Mo.

15. FILED 4/24 1928 H. Stewell
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1928

17. I HEREBY CERTIFY That I attended deceased from April 18 1928 to April 20 1928 that I last saw him alive on April 19 1928, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
HEPATIC (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY pleuritic effusion
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH, no DATE OF _____
 WAS THERE AN AUTOPSY, no
 WHAT TEST CONFIRMED DIAGNOSIS, clinical
4/21 1928 (Signed) H. Stewell _____ M. D.
 (Address) Naylor 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 Antich Cem. DATE OF BURIAL April 22 1928

20. UNDERTAKER Mrs. Minnie Cook ADDRESS Naylor Mo.

