EP 24

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.

19802-a

File No. 19802-a

Registered No.

1. PLACE OF DEATH

County: Atchison — Registration District No.: 20

Township: — Primary Registration District No.: 4014

City: Tarkio — Ward: — St.: — Ward)

2. FULL NAME: Neal Kunkle

(a) Residence. No. — St., — Ward. Front City, Mo.
(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: 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 Kunkle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 29-1849

7. AGE: Years 78 yrs — Months 7 — Days 15 — If less than 1 day, ___ hrs. or ___ min.

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

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

PARENTS

10. NAME OF FATHER: Daniel Kunkle Sr

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Penn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Beales

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ohio
(STATE OR COUNTRY)

14. INFORMANT: F. R. Elton
(Address): Tarkio Mo.

15. FILED: Aug 1, 1928 — C. A. Stanger, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 14 1928

17. I HEREBY CERTIFY, That I attended deceased from June 14 June 13, 1928, to June 14, 1928, that I last saw h. alive on June 13, 1928, and that death occurred, on the date stated above, at June 13 - 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Liver
12 1R

(duration) 2 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? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. M. Galloway, M. D.
, 19 (Address) Tarkio 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: Oregon Mo — DATE OF BURIAL: 6/16 1928

20. UNDERTAKER: J. M. Davis — ADDRESS: Tarkio