

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

Do not use this space.

27311

1. PLACE OF DEATH

County Jackson Registration District No.
Township Raw Primary Registration District No.
City Kansas City (No. 4916 Brookside)

File No.
Registered No. 3387
St. Ward)

2. FULL NAME

Ephraim W. Munsell
(a) Residence. No. 4916 Brookside St., 8 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Laura V. Munsell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 5, 1857</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>3</u>	DAYS <u>3</u>
IF LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Carpenter</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER Ephraim Munsell

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

12. MAIDEN NAME OF MOTHER Miranda A. Phillips

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N.Y.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Laura V. Munsell
(Address) 4916 Brookside ave.

15. FILED 8-11-28 M. W. Crowl
REGISTRAR Acst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 19 28

17. I HEREBY CERTIFY That I attended deceased from Aug 1 1928 to Aug 8 1928 that I last saw him alive on Aug 7 1928 and that death occurred, on the date stated above, at 3:30 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, Lobar
Left 10X
93C (duration) yrs. mos. ds. 5

CONTRIBUTORY Ch. Myocarditis
(SECONDARY) (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? at home
IF NOT AT PLACE OF BIRTH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L. J. Martini M. D.
8/8 1928 (Address) 310 Chambers Bldg

*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 Moriah DATE OF BURIAL 8/11/28

20. UNDERTAKER Freeman Mortuary ADDRESS 104 W. 42nd St.

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.

