P 27 1928

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

Do not use this space.

29553

1. PLACE OF DEATH
County Wayne — Registration District No. 891 — File No.
Township Benton — Primary Registration District No. 4540 — Registered No. 19
City Piedmont (No. ..... St. ..... Ward)

2. FULL NAME Orrin Lafayette Munger
(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. 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: Minnie Munger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3/23/1865

7. AGE: 63 YEARS, 4 MONTHS, 20 DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Munger
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Francis M. Munger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mary S. Parker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Leetsville
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mrs. Minnie Munger
(Address): Piedmont Mo

15. FILED 8/16, 1928 T. C. Piles M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928, to Aug 13, 1928, that I last saw him alive on Aug 13, 1928, and that death occurred, on the date stated above, at 9-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Angina Pectoris and Acute Indigestion
94A
118C
89
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Piedmont Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis
(Signed) T. C. Piles, M. D
, 19 (Address) Piedmont 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: Phasonic Cem — DATE OF BURIAL: 8/15 1928

20. UNDERTAKER: Yates Und. Co. Piedmont Mo — ADDRESS

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.

[illegible] UNFADING INK—THIS IS A PERMANENT RECORD