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

Do not use this space.

File No. 10052

Registered No. 44

1. PLACE OF DEATH

County: Cooper — Registration District No. 218.

Township: — Primary Registration District No. 3015

City: Boonville (No. ..... St. ..... Ward)

2. FULL NAME Roy Munch

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2d 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	1	29	

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

9. BIRTHPLACE (CITY OR TOWN) Centralia Kans.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm Munch

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Missouri Reformatory
(Address) Boonville Mo.

15. FILED Apr. 2, 1929 H. H. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31st 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1929, to Mar. 31, 1929 that I last saw him alive on Mar. 30, 1929, and that death occurred, on the date stated above, at 1:30 o'clock P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Encephalitis
78 B
11 B
..... (duration) ..... yrs. ..... mos. ..... ds.

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

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Pm under Pie Mater

(Signed) H. H. Smith, M. D.

Apr. 2, 1929 (Address) Boonville 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~~ Mo Reformatory Cem. — DATE OF BURIAL April 2d 1929

20. UNDERTAKER Schwartzkopf Meister — ADDRESS Boonville.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.