

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

Do not use this space.

20667

1. PLACE OF DEATH  
 County Boone Registration District No. 73  
 City Columbia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Primary Registration District No. 3006  
 File No. 1166  
 Registered No. \_\_\_\_\_

2. FULL NAME PETER Wesley Shunk, Jr.  
 (a) Residence No. 121- Mc Bain 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25 1925  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
3 9 24  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Child  
 (b) General nature of industry, business, or establishment in which employed (or employer) Child  
 (c) Name of employer \_\_\_\_\_  
 9. BIRTHPLACE (CITY OR TOWN) Fort McArthur  
 (STATE OR COUNTRY) SAN Pedro Calif  
 10. NAME OF FATHER Peter Wesley Shunk  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Westville- Indiana  
 12. MAIDEN NAME OF MOTHER Mabel Alexander  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Paola Kansas  
 14. INFORMANT Peter Shunk, Lieut. U.S. Army  
 (Address) West Bend, N.Y.  
 15. FILED 6.20.29 Beatrice Gubbs  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/20 19 29  
 17. I HEREBY CERTIFY, That I attended deceased from 6/17 1929, to June 20 1929, that I last saw him alive on June 20, 1929, and that death occurred, on the date stated above, at 12 P. m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia (Lobar)  
 (duration) yrs. mos. ds. 4  
 CONTRIBUTORY (SECONDARY) 1010  
 (duration) yrs. mos. ds. \_\_\_\_\_  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Polish on auto tour. New York to N.Y. 550071  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) P.S. Battley, M. D.  
 , 19 (Address) Columbia 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 DATE OF BURIAL  
Columbia Tenn June 20 19 29  
 20. UNDERTAKER ADDRESS  
R.W. Wilcox Columbia

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.

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