

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

Do not use this space.

1. PLACE OF DEATH

County Cole

Registration District No. 013

Township

Primary Registration District No. 3017

City (No. _____)

St. _____ Ward _____

2. FULL NAME

(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.

Bedford
33314

File No. _____
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 19 -

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Loose Creek
(STATE OR COUNTRY)

10. NAME OF FATHER Arn. P. Muenks

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

12. MAIDEN NAME OF MOTHER Margaret Schmidt

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

14. INFORMANT Rudolph Muenks
(Address)

15. FILED 11/5/29 S. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-13-1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1929, to Oct. 5, 1929 that I last saw him alive on Oct. 3, 1929, and that death occurred, on the date stated above, at 1130pm.

THE CAUSE OF DEATH WAS AS FOLLOWS:

perforated ulcer of stomach,
1177 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 11101 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct. 3, 1929

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

1014 (Signed) S. Bedford, M. D.
, 19 (Address) Loose Creek

*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 Loose Creek DATE OF BURIAL 10-16-1929

20. UNDERTAKER C. P. Steinrich ADDRESS J. C. No.

