

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.

MAY 27 1930

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

Do not use this space.

13195

1. PLACE OF DEATH

County Lewis
Township Madison
City (No.) (Name) (No.) (Name) (No.) (Name) (No.) (Name)

Registration District No. 479
Primary Registration District No. 5644a

File No.
Registered No.
St. Ward)

2. FULL NAME

Mary Anna Munker

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17 - 1910

7. AGE: YEARS 19 MONTHS 9 DAYS 7 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wife at home
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co Mo

10. NAME OF FATHER Fred E. Munker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co Mo

12. MAIDEN NAME OF MOTHER Mary Munker

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

14. INFORMANT (Address) Miss Sarah Munker
LaBelle Mo

15. FILED 7/23 1930 J. L. Bourne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 22 1930, to Apr 22 1930, that I last saw him alive on Apr 21 1930, and that death occurred, on the date stated above, at 11:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

8 Nephritis
1399

CONTRIBUTORY (SECONDARY) Scarlet Fever (duration) - yrs. - mos. 14 da.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. W. McNamee, M. D., 19 (Address) LaBelle 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 Providence Cemetery DATE OF BURIAL 4/24 1930

20. UNDERTAKER James T. Reed ADDRESS LaBelle Mo

