

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jasper

Registration District No. 417

Township Wells City

Primary Registration District No. 3021

City Wells City (No. Walter G. Koontz)

File No. 39857-1-B

Registered No. 2

St. Wells City Ward 1

2. FULL NAME

(a) Residence. No. 227 N. Broadway St. Ward 1

(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 Margaret Koontz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 7 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Constable
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jasper County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER S. H. Koontz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Julia Shaffer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Mrs. Margaret Koontz
(Address) Wells City, Mo.

15. FILED 1/2 31 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1930

17. HEREBY CERTIFY, That I attended deceased Dec 31 1930 to Dec 31 1930 that I last saw him alive on Dec 31 1930 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shot wound with suicidal intent - At own home
167 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 170 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James L. Simmons, M.D.
1731 1930 (Address) Corner Jasper Co.,

*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 St. Hope Lane 1/3 1931
DATE OF BURIAL

20. UNDERTAKER Wells City Und Co Wells City
ADDRESS

