

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

Do not use this space.

4185

1. PLACE OF DEATH

County Scott
Township Morland
City (No.)

Registration District No. 814
Primary Registration District No. 6063

File No.
Registered No. 3
St. Ward)

2. FULL NAME

Elizabeth Allen Punch

(a) Residence. No. Benton Mo St., Ward.
(Usual place of abode)

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 Effie May Punch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21-1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>8</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bessville
(STATE OR COUNTRY) Bollinger Co Mo 1

10. NAME OF FATHER Alfred A. Punch

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

12. MAIDEN NAME OF MOTHER Mary Jane Sides

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bollinger Co Mo
(STATE OR COUNTRY)

14. INFORMANT Charley Punch
(Address) Benton Mo

15. File No. Jan. 27 1931 Registrar D. Prody

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to Jan 25 1931 that I last saw him alive on Jan 25 1931, and that death occurred, on the date stated above, at 11:50 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis

131
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Interstitial nephritis
(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) Uriel P. Haw. M. D.
, 19 (Address)

*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 Benton cemetery DATE OF BURIAL Jan. 28 1931

20. UNDERTAKER H. P. Stubb ADDRESS Chaffee, Mo.

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.

OCT 27 1931

PARENTS

