MAR 24 1931

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

Do not use this space.

4919

1. PLACE OF DEATH
County Clay
Township Liberty
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 201
Primary Registration District No. 5280

File No. .....
Registered No. 26

2. FULL NAME John H. Funk
(a) Residence, No. Liberty Mo R#1 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF: Dora Funk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9-1858

7. AGE: YEARS 72 | MONTHS 7 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sey.
10. Date deceased last worked at this occupation (month and year) 2/24/31
11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co Mo.

FATHER
13. NAME: Richard Funk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky 2

MOTHER
15. MAIDEN NAME: Sarah J. Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Mrs Dora Funk. Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo DATE Feby 26 1931 Fairview

19. UNDERTAKER (ADDRESS): Church-Archer Co Liberty Mo.

20. FILED 3/10/31 19 Louis H Goodson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby. 24, 1931.

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1931, to Feb 24, 1931
I last saw him alive on February 23, 1930 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach
Arterio Sclerosis
46B
97

Date of onset

Other contributory causes of importance:

46B

0

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) W. L. Wyong, M. D.
(Address) Liberty Mo

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.