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.

APR 23 1931

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

Do not use this space.

9624

1. PLACE OF DEATH

County Henry 7 — Registration District No. 347 — File No.

Township Leesville — Primary Registration District No. SS01A — Registered No. 41

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Phoebe Ann Puntney

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles N. Puntney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/21 1852

7. AGE: YEARS 78 — MONTHS 10 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home 235
10. Date deceased last worked at this occupation (month and year): Sept 1930
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana ?

FATHER

13. NAME: Ausman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER

15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Ed C. Peelor Clinton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tebo DATE 3/17 1931

19. UNDERTAKER (ADDRESS): Spon & Son Clinton Mo

20. FILED 3/17 1931 Ed C. Peelor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/16 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1931, to 3/16, 1931

I last saw her alive on 3/12, 1931. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3/1/31

82A

Other contributory causes of importance:

Name of operation: None — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

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 ..... (1)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Ed C. Peelor, M. D.

(Address) Clinton Mo.