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.

APR 23 1931

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

Do not use this space.

9743

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 116
City Kansas City (No. ..... St. ..... Ward)

2. FULL NAME Millie Ann Tunget
(a) Residence, No. 519 Cedar ave 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-15-1918
7. AGE: YEARS 13 — MONTHS 2 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Missouri 1

FATHER
13. NAME: Charles F. Tunget
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Argentine Kansas

MOTHER
15. MAIDEN NAME: Chrystle Blanton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): near Central Missouri 1

17. INFORMANT (ADDRESS): Mrs A F Tunget 519 Cedar ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah Cem DATE Mch. 21 1931
19. UNDERTAKER (ADDRESS): C D Carson & Son Independence MO
20. FILED 3-21 1931 F L Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-19- 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1931, to Mar 19, 1931
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Diabetes	
Bronchitis	
59	
10 CD	

Other contributory causes of importance:
Diabetes 59

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy?

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 ..... (1)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) S Rettmer, M. D.
(Address) 10307 Indep Ave KCMO