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.

JUL 23 1931

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

Do not use this space.

20839

1. PLACE OF DEATH
County Charlton — Registration District No. 169 — File No.
Township Brunswick — Primary Registration District No. 5235 — Registered No. 22
City Brunswick (No. ..., ... St. ..... Ward)

2. FULL NAME Wm. A. Blunk

(a) Residence, No. ..... St., ... 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: Mrs William A Blunk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-6-1871

7. AGE: YEARS 60 — MONTHS 5 — DAYS 1 — 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.: Farmwork
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): Missouri 1

FATHER
13. NAME: Jacob Blunk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 1

MOTHER
15. MAIDEN NAME: Sophie L Marmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Wm A Blunk, Brunswick Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Brunswick DATE June 9 1931

19. UNDERTAKER (ADDRESS): L W Mansel, Brunswick Mo

20. FILED 6/8 1931 H. E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1930, to June 7, 1931
I last saw him alive on June 6, 1931. Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of right lung 41 D	6 months
93 D	
127 A	

Other contributory causes of importance: Bronchial pneumonia Phlebitis & myocarditis

Name of operation: none except aspirating chest — Date of May 31 1930
What test confirmed diagnosis? Clinical — 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 .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Harry E Tatum, M. D.
(Address) Brunswick Mo