

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

Do not use this space.

31026

**1. PLACE OF DEATH**

County Greene  
Township Springfield  
City Springfield (No. Springfield Hospital)

Registration District No. 318  
Primary Registration District No. 2501

File No. \_\_\_\_\_  
Registered No. 685 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Cracker Mrs 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 Oda Junkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 10 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

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) Chanute Kansas

13. NAME George Junkin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Oda Junkin Cracker Mrs

18. BURIAL, CREMATION, OR REMOVAL PLACE Chanute Kan DATE Sept 20 1931

19. UNDERTAKER (ADDRESS) H. F. Kalmeyer Springfield Mo

20. FILED 9-18 19 31 John Sharp Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1931

I HEREBY CERTIFY, That I attended deceased from Sept 16 1931 to Sept 17 1931  
I last saw him alive on Sept 17 1931 Death is said to have occurred on the date stated above, at 6pm  
The principal cause of death and related causes of importance were as follows:

Appendicitis - 9/15/31  
(Ruptured gangrenous with general peritonitis)

Other contributory causes of importance  
1214 1215 139

Name of operation Appendectomy Date of 9/16/31  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Walter A. Murray M. D.  
(Address) Springfield 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.

OCT 22 1931

