

40000-A

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

Do not use this space.

1. PLACE OF DEATH

County Worth
Township Green
City Grant City (No. 1057)Registration District No. 1057
Primary Registration District No. 6214File No. 40000-A
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 19317. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 28

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

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) Grant City Mo.13. NAME Alsay O. Lamington14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Shirley Mae Dean16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT (ADDRESS) Alsay O. Lamington

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gravelly Cem. DATE Nov. 16, 193119. UNDERTAKER (ADDRESS) W. C. Starnes

20. FILED _____ 19 _____

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Worth
Township Green
City Green (No. _____ St. _____ Ward _____)

Registration District No. 1057
Primary Registration District No. 6214

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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.

Bobby Deane Lamunyon

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Grant City, Mo.

13. NAME Alson C. Lamunyon

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Grant City, Mo.

15. MAIDEN NAME Gladys Rose Dean

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Grant City, Mo.

17. INFORMANT (ADDRESS) Alson C. Lamunyon

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmell Cem. DATE Nov 16, 1932

19. UNDERTAKER (ADDRESS) Rich C. Dunfee
Grant City, Mo.

20. FILED Nov 10, 1932 H. H. Meek Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance: _____

I do not know

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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.

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