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.

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

Do not use this space.

40683

File No. 900

Registered No.

1. PLACE OF DEATH

County Grune — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield (No. 1241 W. Talmage St. Ward)

2. FULL NAME Sarah Kunzler

(a) Residence, No. 1241 W Talmage St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 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): Widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF James D. Kunzler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1855

7. AGE: YEARS 74 MONTHS 5 DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Salsberry Sheridan Co. Mo

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) G. A. Kunzler Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Robinson Grove DATE Dec 29 1931

19. UNDERTAKER (ADDRESS) F. C. Thieme 1100 Boonville Ave

20. FILED 12-28 1931 Lon Sharp Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1931, to Dec 28 1931

I last saw her alive on Dec 27 1931. Death is said to have occurred on the date stated above, at 3 45 a m.

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

107A — Date of onset Dec 41

Pneumonia - Bronchial

70A

Other contributory causes of importance: Bufuzo 107A

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) G. W. Barnes, M. D.

(Address) 200 Grove Opp. Co. Ds