

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

Do not use this space.

593

**1. PLACE OF DEATH**

29 County Dade Registration District No. 337  
 Township Leota Primary Registration District No. 5373  
 City..... (No. .... St. .... Ward)

**2. FULL NAME**

William Monroe Lunsford  
 (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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. Mary Lunsford  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1849  
 7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.  
82 4 27  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 95  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Mo.

FATHER 13. NAME Wm. Amos Lunsford

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

MOTHER 15. MAIDEN NAME Fanny Barton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT Mrs. Chas. Orloff  
 (ADDRESS) Greensfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton Cem. DATE Jan. 2, 1932

19. UNDERTAKER J. W. Ward  
 (ADDRESS) Greensfield, Mo.

20. FILED 1-2 1932 O. Ball  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

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

to have occurred on the date stated above, at 7 A.m.

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

The deceased died with a  
A Medical Attendant J. J. Ball  
with a relative a few days before  
death and suspected heart  
disease  
 Date of onset

Other contributory causes of importance:

Age  
95

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 See Dr. W. W. Ball

(Signed) W. W. Ball, M. D.

(Address) Greensfield Mo

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.

JAN 20 1932

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