

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

Do not use this space.

3681

1. PLACE OF DEATH

6 County Barton Registration District No. 46
Township Nashville Primary Registration District No. 5069
City Tantha (No. _____) St. _____ Ward _____

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME Earl Leslie Runnels

(a) Residence. No. Tantha R. R. # 82 Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Child</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Child At Home

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 2, 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>8</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Barton Co
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ralph E. Runnels

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Barton Co
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Virgie V. Pugh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Missouri

14. INFORMANT Ralph E. Runnels
(Address) R. R. # 2 Tantha, Mo.

15. FILED 1932
2/29

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 20 1932

17. I HEREBY CERTIFY, That I attended deceased from July 1928, 1922 to July 20, 1932 that I last saw him alive on July 20, 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever -
with Convulsions

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Geo. P. Bush, M. D.

7/20, 1932. (Address) Minden Mines

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Nashville Mo 2-21 1932

20. UNDERTAKER

ADDRESS

Ellsworth Tind Co Pittsburg

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.

MAR 21 1932

REGISTERED

Madge Overman Smith

