

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

Do not use this space.

29011

File No. _____
Registered No. 662
St. _____ Ward _____

1. PLACE OF DEATH
39 County Springfield Mo Registration District No. 318
3 Township Creek Co Mo Primary Registration District No. 2081
5 City Springfield (No. _____) St. Johns Hospital
2. FULL NAME Andrew Kung
(a) Residence, No. 2123 Howard Ave (St. _____) Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Kung</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17, 1863</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter 69</u>	
	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) <u>2 years</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Mark 10 Germany</u>		
FATHER	13. NAME <u>Andrew Kung</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31 Unknown</u>	
17. INFORMANT <u>Mary Kung</u> (ADDRESS) <u>Springfield Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Last Lawn</u> DATE <u>Sept 24 1932</u>		
19. UNDERTAKER <u>F. C. Thieme</u> (ADDRESS) <u>Springfield Mo</u>		
20. FILED <u>9-22-32</u> <u>Kalptweng</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 1932 to Sept 21 1932
I last saw him alive on Sept 20 1932. Death is said to have occurred on the date stated above, at 9 A. M.
The principal cause of death and related causes of importance were as follows:
Ch. Myocarditis
Ch. Nephritis
Date of onset Mar 1932

Other contributory causes of importance:
Ch. Nephritis

Name of operation None Date of _____
What test confirmed diagnosis? None 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? No
If so, specify _____
(Signed) Ch. M. Smith, M. D.
(Address) 270 1/2 E. Commerce 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 26 1932

