

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 23 1932

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

Do not use this space.

39010

1. PLACE OF DEATH
 30 County Dallas Registration District No. 242
 Township Wright Primary Registration District No. 5335
 City Louisburg (No. _____) St. _____ Ward _____

2. FULL NAME Daniel B. Unger
 (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. ~~MARRIED~~ WIDOWED, OR DIVORCED
 HUSBAND OF Mary E. Unger
 (or WIFE OF _____)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1884

7. AGE YEARS 46 MONTHS 2 DAYS 07 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Game
 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) Mo. 1

FATHER
 13. NAME Stevenson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

MOTHER
 15. MAIDEN NAME Stevenson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT W. W. Unger
 (ADDRESS) Louisburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barbour DATE 12-11-32

19. UNDERTAKER L. B. Jones
 (ADDRESS) Buffalo Mo.

20. FILED Dec 14, 1932 W. E. Gorman
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-32

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 9, 1932.
 I last saw him alive on Dec 9, 1932. Death is said to have occurred on the date stated above, at 7:38 a.m.
 The principal cause of death and related causes of importance were as follows:
uremia, poisoning from retention of urine,
1350
132B
 Other contributory causes of importance: (1)

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 _____ 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) W. E. Gorman, M. D.
 (Address) Louisburg Mo

