

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

Do not use this space.

711

1. PLACE OF DEATH

County Clinton Registration District No. 207 File No. 20
 Township Concord Primary Registration District No. 5-286 Registered No. 1
 City (No.) St. Ward

2. FULL NAME

John Sumner Tunkhauer
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 60 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 Laura Belle Tunkhauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>88</u>	<u>3</u>	<u>12</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & livestock feeder
 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) Plattsburg Mo.

MOTHER FATHER
 13. NAME George Tunkhauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria Virginia

MOTHER FATHER
 15. MAIDEN NAME Mary Young

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

17. INFORMANT (ADDRESS) Myrtle B. Tunkhauer Plattsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg DATE 1-5 1933

19. UNDERTAKER (ADDRESS) Wm. B. Brien Plattsburg Mo.

20. FILED 1/5 1933 C. W. Chastain Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23 1932 to Jan 3 1933
 I last saw him alive on Jan 3 1933 Death is said to have occurred on the date stated above, at 4:15 p. m.
 The principal cause of death and related causes of importance were as follows:

Acute hepatitis
11/11
10/7/11
1/3/33
 Other contributory causes of importance:
Diabetes mellitus
Arterio Sclerosis
 Date of onset Dec 21-32

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 Chronic, M. D.
 (Signed) Chastain
 (Address) Plattsburg 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.

