

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

Do not use this space.

12703

1. PLACE OF DEATH
 County Clay Registration District No. 198
 Township Fishing River Primary Registration District No. 3011
 City Excelsior Springs, Mo. Veterans Adm. Facility St. 3rd Ward)

2. FULL NAME JUNGE, John Henry
 (a) Residence, No. Veterans Administration Facility Ward. Cole Camp, Mo.
 (Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 1 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Maggie Junge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
40	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. saw mill operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. saw mill

10. Date deceased last worked at this occupation (month and year) April 1933 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Vet. Adm. Facility records, Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cole Camp Mo. DATE 4-26-33

19. UNDERTAKER (ADDRESS) John G. Prother

20. FILED 4/26 1933 Y. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1933 to April 26 1933
 I last saw him alive on April 26 1933 Death is said to have occurred on the date stated above, at 4:30 AM
 The principal cause of death and related causes of importance were as follows:

Fracture of skull frontal parietal, with total blindness the result of hemorrhagic conjunctivitis the result of, 205 M
 Date of onset

Other contributory causes of importance: 103 B 205
none

Name of operation Decompression operation few days Date of few days
 What test confirmed diagnosis exam. prior to admission to hosp. no
 Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? XX Date of injury 4-20-33
 Where did injury occur? xx Cole Camp, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Operating a circular saw, board which he
 Manner of injury was trying to cut flew back and
 Nature of injury hit him in fore part of head.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify yes. Saw Mill operator.
Garrett V. Johnson M. D.
 (Address) Excelsior Springs, 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. MAY 22 1933

