

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

Do not use this space.

18154

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1003
City..... (No. 2011 Linton Ave.) St. (Ward)

File No.
Registered No. 4360

2. FULL NAME

Anna C. Kunkel
(a) Residence. No. Fulton Illinois St., 9 Ward. Fulton Ill
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred = yrs. 4 mos. 6 ds. How long in U.S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barney Kunkel

17. I HEREBY CERTIFY, That I attended deceased from Feb 21 1933, to May 17 1933, and that I last saw him alive on May 16 1933 at 5:35 P. m. death occurred, on the date stated above, at 5:35 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 - 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 11 16

THE CAUSE OF DEATH* WAS AS FOLLOWS:

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Housewife (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

BIA
Anisotropic Lateral Sclerosis
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Monroe County Illinois (STATE OR COUNTRY)

CONTRIBUTORY (SECONDARY) 81 (duration) yrs. mos. ds.

10. NAME OF FATHER Frank Brown

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

DID AN OPERATION PRECEDE DEATH? no DATE OF _____ WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings (Signed) Albert J. Moser M. D.

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

*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.

14. INFORMANT Anna Kunkel (Address) 2011 Linton Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cem. Renault Ill. DATE OF BURIAL May 20, 1933

15. FILED MAY 18 1933 J. J. Bredeck REGISTRAR

20. UNDERTAKER Albert L. Dasher ADDRESS Dupo Ill.

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.

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