

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

Do not use this space.

26824

1. PLACE OF DEATH
 51 County Johnson Registration District No. 427
 2 Township Holden Primary Registration District No. 4253
 2 City Holden (No. _____) St. _____ Ward _____
 2 FULL NAME Robert Allen Claunch
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
 _____ 8 _____ 12 _____ or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) Holden Missouri
 FATHER
 13. NAME R. A. Claunch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerview Missouri
 MOTHER
 15. MAIDEN NAME Hazel Shipley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elm Missouri
 17. INFORMANT R. A. Claunch
 (ADDRESS) Holden Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Holden Cemetery DATE Aug 16 1933
 19. UNDERTAKER J. M. Goodman
 (ADDRESS) Holden Mo.
 20. FILED Aug 15 1933, Edmond Andrews, M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1933
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Aug 14, 1933.
 I last saw him alive on Aug 14, 1933. Death is said to have occurred on the date stated above, at 8:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia - Bronchial Date of onset _____
 Other contributory causes of importance: _____
 Name of operation no Date of _____
 What test confirmed diagnosis? Urinaly Was there an autopsy? no
 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 _____
 (Signed) J. M. Goodman, M. D.
 (Address) Holden 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.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH

to J. W. Benson