

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

Do not use this space.

31529

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **8225**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward. **23**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **12** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **May Munnery**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 18 1886**

7. AGE YEARS **47** MONTHS **0** DAYS **1** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Steel Worker**

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) **De Paul**

13. NAME **The Munnery**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **De Paul**

15. MAIDEN NAME **Fannie Blanke**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **De Paul**

17. INFORMANT (ADDRESS) **Wm of Inf. Dept**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **Sept 22 1933**

19. UNDERTAKER (ADDRESS) **A. W. McCaughlin**

20. FILED **P 21 1933**

Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 19 1933**

22. I HEREBY CERTIFY, That I attended deceased from **9-13** 19**33** to **9-19** 19**33**

I last saw him alive on **9-19** 19**33** Death is said

to have occurred on the date stated above, at **8:45** a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Myocardial Pathology
Physical Decomposition
11:11
45B
9:13
Other contributory causes of importance:
Bronchial Pneumonia
Bleeding Deadened Arteries

Date of onset **8/10/33**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **Wm of Inf. Dept** M. D.

(Address) **City**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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