

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

Do not use this space.

39815

1. PLACE OF DEATH

County Gundy

Registration District No. 329

File No. _____

Township _____

Primary Registration District No. 4196

Registered No. 19

City Spickard (No. _____) St. _____ Ward _____

2. FULL NAME Benjamin Franklin Munn

(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) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie (nee) Munn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	73	9	18	

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

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) Gundy Co Mo

13. NAME John H Munn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Ohio

15. MAIDEN NAME Mahilda Nichols

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Ohio

17. INFORMANT (ADDRESS) Mrs Nellie Munn

18. BURIAL, CREMATION OR REMOVAL PLACE Bethel Gundy Co Mo DATE Dec 4 1933

19. UNDERTAKER (ADDRESS) Chas E Schroeder

20. FILED DEC 10 1933 Ed Waring Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 2 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 33 1933 to Dec 2 1933

I last saw him alive on Dec 2 1933 Death is said to have occurred on the date stated above, at 1 a m.

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

Epilepsy
arteriosclerosis

Date of onset Mar Jo 1933

Other contributory causes of importance _____

Name of operation none 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? no 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) C. J. Mc Clellan, M. D.
(Address) Spickard, 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.

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

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