

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Adair  
Township Kirkville  
City Kirkville (No. Laughlin Hospital)

Registration District No. 4  
Primary Registration District No. 3001

File No. 3787  
Registered No. 36  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Edina Mo.  
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (Irene Funk) HUSBAND OF (OR) WIFE OF Robert Funk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
57 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer  
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) Hurdland Mo.

13. NAME John Funk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayco CO

15. MAIDEN NAME Hancy Smallwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina Mo.

17. INFORMANT (ADDRESS) Leon Cleary Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edina DATE 2-16-34

19. UNDERTAKER (ADDRESS) J. H. Munkler

20. FILED Feb 16 1934 Spina Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934, to Feb 15, 1934

I last saw him alive on Feb 15, 1934. Death is said to have occurred on the date stated above, at 8:43 p.m.

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

Cancer of Caecum  
460  
1250  
460  
Other contributory causes of importance:

1. Name of operation resection caecum Date of 2/13/34  
What test confirmed diagnosis? ileocolostomy 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? no  
If so, specify \_\_\_\_\_  
(Signed) Earl Laughlin Jr. M.D.  
(Address) Kirkville, Mo.

