

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

Do not use this space.

1. PLACE OF DEATH

County Benton Registration District No. 59
 Township Williams Primary Registration District No. 4034
 City Cole Camp (No. _____) St. _____ Ward _____

File No. 19149
 Registered No. 12

2. FULL NAME

E. Leonard Junge

(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) 12-27-1910

7. AGE 23 YEARS 5 MONTHS 11 DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Civil Engineer

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) Cole Camp (STATE OR COUNTRY) Missouri

13. NAME Earnest L Junge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Emma Cordes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT E L Junge (ADDRESS) Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Cem. DATE 6-10-34

19. UNDERTAKER E L Eickhoff (ADDRESS) Cole Camp Mo

20. FILED 7-2- 1934 Harry Bay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-8-, 1934, to 6-8-, 1934

I last saw him alive on 6-7-, 1934. Death is said to have occurred on the date stated above, at 8:45PM

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

Mitral Lesion
72A
92A
 Other contributory causes of importance: _____
 Date of onset: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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) Harry Bay, M. D.
 (Address) Cole Camp, 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.

JUN 10 1934

