Cohn

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin — Registration District No. 282 — File No. 19992
Township Union — Primary Registration District No. 5401 — Registered No. 26
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Clarice Edwin McMunn
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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: Female
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) Sept 24 1926
7. AGE: YEARS 7 — MONTHS 8 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar in
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grade school
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) Campbell Mo.

FATHER
13. NAME Ed McMunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo.

MOTHER
15. MAIDEN NAME Alice Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) El Dorado Ill.

17. INFORMANT (ADDRESS) Ed McMunn Campbell Mo. R4
18. BURIAL, CREMATION, OR REMOVAL PLACE ~~Tucker~~ Woodlawn DATE 6/22 1934
19. UNDERTAKER (ADDRESS) W H Irby Holcomb Mo.
20. FILED 6/21 1934 E W Landers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934, to June 21, 1934
I last saw her alive on June 21, 1934. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. Peritonitis	6/19
117B	
1217	
Other contributory causes of importance:	
Duodenal Ulcer	
Perforated	6/10

Name of operation ..... 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? ..... 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) W. J. Rutledge, M. D.
(Address) Campbell, Mo.

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.

JUL 9 1934

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