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

Do not use this space.

20999

1. PLACE OF DEATH

County Lawrence — Registration District No. 467 — File No.

Township Aurora — Primary Registration District No. 4280 — Registered No. 39

City Aurora (No. 527 South Jefferson Ave St. Ward)

2. FULL NAME William Moore Munday

(a) Residence, No. 527 South Jefferson Ave 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mina Olive Munday

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2-1862

7. AGE: YEARS 72 — MONTHS 2 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Man 131

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 97

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verona Missouri

FATHER

13. NAME Samuel Munday

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

MOTHER

15. MAIDEN NAME Julia Prichard

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

17. INFORMANT (ADDRESS) Alfred Munday Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Aurora Mo DATE July 1 1934

19. UNDERTAKER (ADDRESS) King Funeral Home Aurora Mo.

20. FILED 6-29 1934 R. D. Comon M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-18- 1934 to 6-29- 1934

I last saw him alive on 6-29- 1934 Death is said to have occurred on the date stated above, at 9.30A.m.

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

	Date of onset
Chronic Nephritis	
Arterial Sclerosis	
Arterial Hypertension (260)	
Intestinal disorder	

Other contributory causes of importance:

advanced age.

Name of operation None Date of

What test confirmed diagnosis? Physical Exam

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. E. Gattran, M. D.

(Address) Aurora Mo.

WRITE PLAINLY, WITH OUTAGING 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 13 1934

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