

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.

JAN 7 1935

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

Do not use this space.

44097

1. PLACE OF DEATH

County RANDOLPH

Registration District No. 735

File No.

Township

Primary Registration District No. 3034

Registered No. 246

City

MOBERLY

(No. McCormick Hospital)

St.

Ward)

2. FULL NAME

F. M. AUNSPANGH

(a) Residence, No.

St.

Ward.

Jacksonville Mo
(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

NELLIE AUNSPANGH

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76

OCCUPATION

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

FARMER.

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)

MO.

FATHER

13. NAME

T. K.

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

T. K.

MOTHER

15. MAIDEN NAME

T. K.

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

T. K.

17. INFORMANT (ADDRESS)

MRS. B. TOLLY, JACKSONVILLE, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE JACKSONVILLE DATE DEC 18 1934

19. UNDERTAKER (ADDRESS)

SNOW FUNERAL HOME, Moberly, Mo.

20. FILED

12/17 1934 Virginia Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1934 to Dec 16 1934

I last saw him alive on Dec 16 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Chronic Intentional nephritis Date of onset June 34

Other contributory causes of importance:

Cystitis 1934 Nov 15

Name of operation..... Date of.....

What test confirmed diagnosis? Urinalysis 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) V. L. McCormick, M. D.

(Address) moberly mo.

