

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

Do not use this space.

1029

MAR 25 1935

**1. PLACE OF DEATH**

County Harrison Registration District No. 346  
Township Washington Primary Registration District No. 5483  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2

**2. FULL NAME** Abner Munning

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Nancy Young Dues</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 27 1861</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>8</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	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) <u>Ired</u>		
MOTHER FATHER	13. NAME <u>James Young</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont No</u>	
	15. MAIDEN NAME <u>Dont No</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont No</u>	
17. INFORMANT <u>Vera Gardner</u> (ADDRESS) <u>Ridge Way</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Logston</u> DATE <u>Jan 25 1935</u>		
19. UNDERTAKER <u>W. S. Noble</u> (ADDRESS) <u>New Hampton</u>		
20. FILED <u>Feb. 12 1935</u> <u>Chas. Adair</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 23 1935, to Jan 24 1935.  
I saw him alive on Jan 23 1935. Death is said to have occurred on the date stated above, at 12:15 a.m.

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

Chronic Myocarditis Date of onset 1927

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury No, 1935  
Where did injury occur? No (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. S. Noble M. D.  
(Address) Eagleville Missouri

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.

