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.

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

DEC 27 1935

Do not use this space.

38252

1. PLACE OF DEATH Scotland
County Clark Registration District No. 812
Township East Thompson Primary Registration District No. 6061
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 10

2. FULL NAME Charles Kuntz
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Frances Hanford Kuntz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24. 1876

7. AGE YEARS 59 MONTHS 9 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

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) Clark Co. Missouri

FATHER
13. NAME Daniel Kuntz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary E. Kinsinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co. Iowa

17. INFORMANT (ADDRESS) Mrs. Frances Kuntz Granger Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Black Oak. DATE Nov 20 1935

19. UNDERTAKER (ADDRESS) Fred J Karle Kahoka Mo.

20. FILED 11/21 1935 [illegible] Baker MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. - 2 -, 1935, to Nov. 18, 1935
I last saw him alive on Nov - 16 -, 1935. Death is said to have occurred on the date stated above, at 1:30 P. M.
The principal cause of death and related causes of importance were as follows:

Apoplexy (Cerebral Hemorrhage)

Date of onset

Other contributory causes of importance:
Arteriosclerosis

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? .....
If so, specify .....
(Signed) A M Keethler, M. D.
(Address) Memphis, Mo.