

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 20 '936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40720

1. PLACE OF DEATH

County Randolph
 Township Proctor
 City Denick (No.)

Registration District No. 736
 Primary Registration District No. 14410

File No.
 Registered No. 17 St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
 (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. (If nonresident, give city or town and State)

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) ✓

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 84 ✓ ✓ ✓ ✓

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Mo13. NAME Joseph M. Cune14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Margaret Crow16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT (ADDRESS) Mary M. Cune
mobely mo18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 12-14 193519. UNDERTAKER (ADDRESS) Mahay and Son
mobely mo20. FILED Dec 17 1935 C. T. Kinniburgh
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 1 1935 to Dec 13 1935
 I last saw her alive on Dec 12 1935 Death is said to have occurred on the date stated above, at 8⁰⁰ a.m.
 The principal cause of death and related causes of importance were as follows:

Infectious duodenal ulcer Date of onset Aug

Other contributory causes of importance 102

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) R. A. Woods , M. D.(Address) Clark Mo

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 10/10/01 BY 60322 UCBAW/STP

CONFIDENTIAL - SECURITY INFORMATION

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