

MAR 16 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

4668

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

(No. St Joseph)

File No.

Registered No. 212St. Mo

Ward)

2. FULL NAME

(a) Residence, No. 1314 Lafayette

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 6 mos.

How long in U. S., if of foreign birth?

yrs. 6 mos. 6 ds.

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yrs. 6 mos. 6 ds.

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yrs. 6 mos. 6 ds.

How long in U. S., if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 21-72

7. AGE

YEARS

MONTHS

DAYS

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.

10. Date deceased last worked at this occupation (month and year) 1920

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticuma, Mo

FATHER

13. NAME Gustav Junkel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan, Mo

MOTHER

15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Freddie Junkel18. BURIAL, CREMATION, OR REMOVAL WardDATE 2-2819. UNDERTAKER Burny - Hefle

(ADDRESS)

20. FILED 2-20-1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-193622. I HEREBY CERTIFY, That I attended deceased from 1-1-1936 to 2-16-1936I last saw him alive on 2-16-1936. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Date of onset

Chr. Nephritis
 13
 Other contributory causes of importance:
 Nutritional Phenoxis
 arterio-sclerotic
 hyper-tension - atherosclerosis
 Name of operation none Date of yes
 What test confirmed diagnosis urinalysis Was there an autopsy yes

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) Frank J. Hardigan, M. D.(Address) Indipatrick Bldg.

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.

