

APR 16 1936

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

Do not use this space.

9886

## 1. PLACE OF DEATH

County Casper  
Township Lamine  
City (No. ....) St. .... Ward)

Registration District No. 217  
Primary Registration District No. 3308

File No. ....

Registered No. ....

## 2. FULL NAME

Frank F. Junkerman  
(a) Residence, No. Blackwater St., Mo. Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Junkerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13-1878

7. AGE YEARS 63 MONTHS 11 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

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) Sept - 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County

FATHER 13. NAME John Junkerman

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Frank Junkerman  
Blackwater, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock DATE March 19, 1936

19. UNDERTAKER (ADDRESS) Schwitzky - Steiner  
Boonville, Mo.

20. FILED 3-19 1936 W. J. F. J. J. J.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 , 1935 to Mar 14 , 1936

I last saw him alive on Mar 14 , 1936 Death is said

to have occurred on the date stated above, at 6 a.m.

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

Diabetes Mellitis

Date of onset

Other contributory causes of importance: paralysis  
Langrene

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? no

If so, specify .....

(Signed) J. W. Hunt , M. D.

(Address) Blackwater Mo

