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

AUG 14 1936

Do not use this space.
25413

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No.

Township Salt River — Primary Registration District No. 3002 — Registered No. 121

City Mexico, Mo (No. Audrain Hospital St. Ward)

2. FULL NAME Dr. Joseph Unsell

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

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: Willella Unsell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 1 - 1882

7. AGE: YEARS 54 — MONTHS 3 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: M.D. Doctor,
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): Frankford Mo.

FATHER

13. NAME: Hiram Unsell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankford Mo.

MOTHER

15. MAIDEN NAME: Orlena Bryson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankford Mo

17. INFORMANT (ADDRESS): Paul Stark Louisiana Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Louisiana Mo DATE July 18 1936

19. UNDERTAKER (ADDRESS): Hughes Mankin Auxvasse Mo

20. FILED July 16 1936 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:10P.M.

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

Coroner's Verdict: Immediate cause of death was punctured right lung the result of a fractured rib acquired in an automobile accident on highway #54-2 miles north of Auxvasse, Mo.

Date of onset

Other contributory causes of importance:
Shock, laceration and internal hemorrhage

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? accident Date of injury July 16, 1936

Where did injury occur? Highway #54 Calloway Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public highway

Manner of injury Automobile accident

Nature of injury Punctured right lung.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W K McGeale Coroner, M. D.

(Address) Laddonia Mo

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County: Audrain — Registration District No.: 25
Township: — Primary Registration District No.: 3002
City: Mexico Mo (No. ..., St. ..., Ward)

File No.:
Registered No.:

2. FULL NAME: Dr. Joseph Unsell

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

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.
	54	3	13	

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

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

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

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ... DATE ..., 19..

19. UNDERTAKER (ADDRESS)

20. FILED July 18th 1936 Mary C. Jacobi Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:
Deceased was riding in automobile at time of accident

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? Accident 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: automobile accident
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) W. K. McCall M. D.
(Address) Laddonia Mo

SUPPLEMENTARY

5-25413