

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.

Aug 31 1936

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

Do not use this space.

29647

1. PLACE OF DEATH

Country Vernon Registration District No. 875
Township Washington Primary Registration District No. 6/62
City See added (No. _____) St. _____ Ward _____

2. FULL NAME

Chas N. Fundley
(a) Residence, No. Hartsville Mo 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. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 1861</u> | | |
| 7. AGE | YEARS <u>74</u> | MONTHS <u>11</u> |
| | DAY <u>22</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>minister</u> | |
| | 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) unknown

FATHER 13. NAME unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Hospital Records
(ADDRESS) Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL
Massfield Mo DATE July 24 1936

19. UNDERTAKER First General Hospital
(ADDRESS) Nevada Mo

20. FILED 7/28 1936 M. C. C. C. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1936

22. I HEREBY CERTIFY That I attended deceased from July 17, 1936, to July 23, 1936
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
9/7

Other contributory causes of importance:
Myocardial & haemorrhage

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) T. J. O'Neil M. D.
(Address) Nevada Mo

