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.

SEP 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 29985

Township — Primary Registration District No. 1001 — Registered No. 1090

City St. Joseph, (No. Colonial Hotel 102½ No. 2nd Str St. Ward)

2. FULL NAME James Fauntleroy Runcie

(a) Residence, No. Colonial Hotel St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 2 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 8, 1864.

7. AGE: YEARS 71 — MONTHS 9 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Novelty Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business
10. Date deceased last worked at this occupation (month and year) July 1936
11. Total time (years) spent in this occupation Unknown

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

FATHER

13. NAME James Runcie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ardee Ireland

MOTHER

15. MAIDEN NAME Constance Fauntleroy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Indiania

17. INFORMANT (ADDRESS) Mrs. Elliott Marshall 319 North 20th Street

18. BURIAL, CREMATION, OR REMOVAL Mount Mora Cemt

PLACE St. Joseph, Mo. DATE August 22 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str St. Joseph, Mo.

20. FILED Aug 22 1936 H J Nestlefish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20 1936

22. I HEREBY CERTIFY, That I ~~attended deceased~~ Viewed On from ....., 19..., On August 21, 1936

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

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

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance: Hypertension & arteriosclerosis

Name of operation none — Date of .....

What test confirmed diagnosis? Clin Hist — Was there an autopsy? no

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) Forrest Thomas Conner, M. D.

(Address) 731 Faraon