

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

Do not use this space.

31648

SEP 25 1936

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal

Registration District No. 547
Primary Registration District No. 3039
(No. St. Elizabeth Hospital)

File No. _____
Registered No. 216
St. 64 Ward

2. FULL NAME

(a) Residence, No. R.R. #2 - Hall, Ill. St. _____ Ward _____
(Usual place of abode)

Cast Hannibal Ill.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7 1936

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

22. I HEREBY CERTIFY, That I attended deceased from July 26 1936, to Aug 7 1936.
I last saw her alive on Aug 6 1936. Death is said to have occurred on the date stated above, at 4:30 a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29 1862

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 9

Acute Pericarditis Date of onset July 26 1936

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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

Other contributory causes of importance: G. P. disease

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halle, Germany

13. NAME August Weiss

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Wm. F. Kund
(ADDRESS) R.R. #2 - Hall, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Union DATE Aug. 9th 1936

19. UNDERTAKER Roy P. Schwartz
(ADDRESS) Hannibal, Mo.

20. FILED Aug 10 1936 H. E. Fisher
Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? Sub. 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____

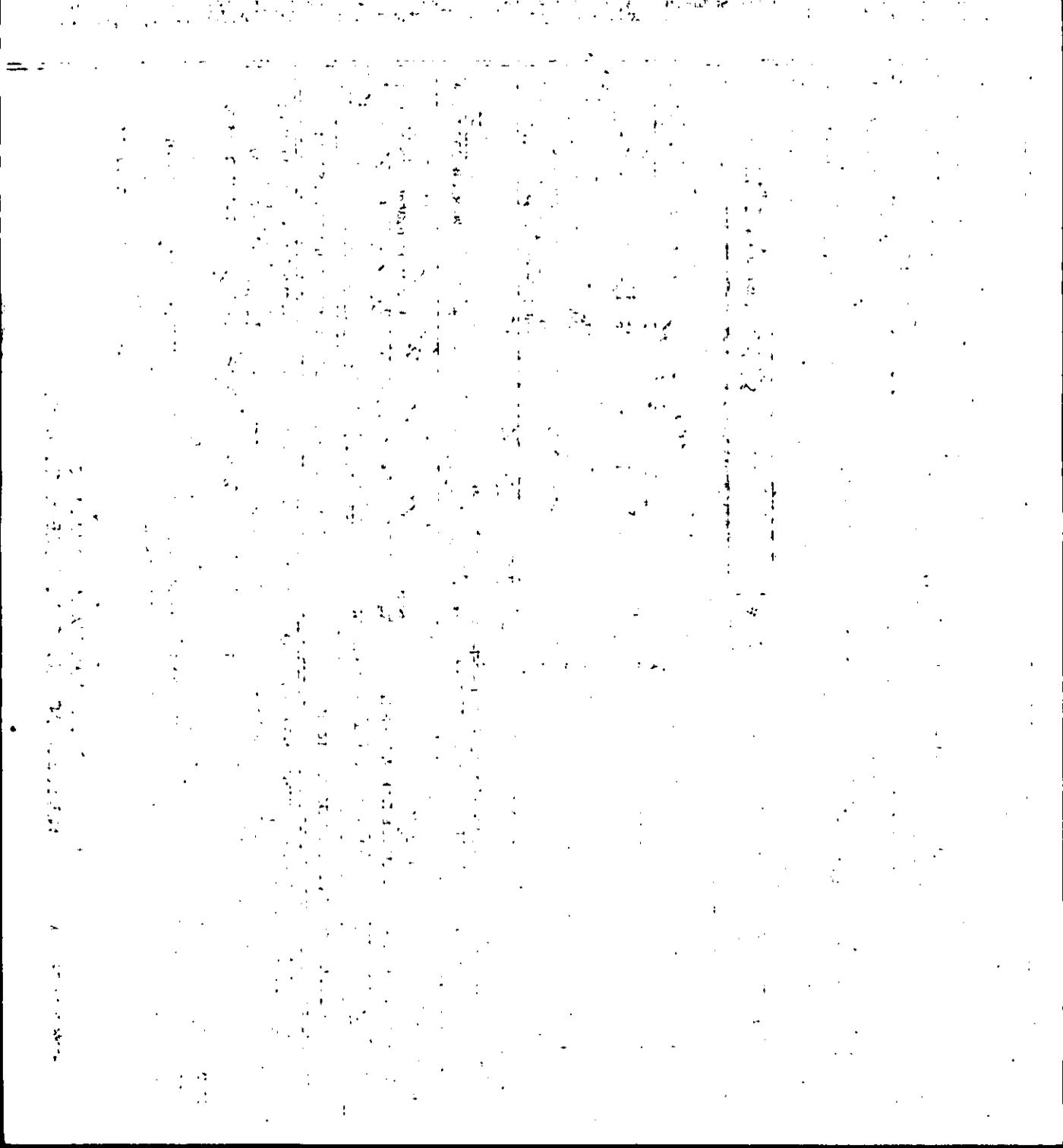
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) Wm. F. Kund, M. D.
(Address) Hannibal, Mo.

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.



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1. PLACE OF DEATH

County Marion Registration District No. 547 File No. _____
 Township _____ Primary Registration District No. 3029 Registered No. 716
 City Hannibal (No. _____) St. _____ Ward _____

2. FULL NAME

Amelia Johanna Kund
 (a) Residence, No. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1936

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>74</u>	<u>5</u>	<u>9</u>	

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

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 _____

Date of onset

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

Other contributory causes of importance:
Gall bladder disease
Quitts with stone

13. NAME _____

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME _____

23. If death was due to external causes (homicide), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) _____

Manner of injury.....

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

Nature of injury.....

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased?.....

20. FILED Oct 19 1936 E. M. Pude Registrar

If so, specify N. J. Franckya, M. D.
 (Signed) Hannibal, Mo
 (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

TEMPORARY

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