

NOV 26 1936

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

Do not use this space.

37818

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jackson Primary Registration District No. 1002
City Kansas City (No. 72 C Gen Hosp)

File No.
Registered No. 4000
St. Ward

2. FULL NAME

William Mungle
(a) Residence, No. 529 Main St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18-36

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

22. I HEREBY CERTIFY, That I attended deceased from 10-15-36 to 10-18-36

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1867

I last saw him alive on 10-18-36 Death is said to have occurred on the date stated above, at 3:20 PM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 6 28

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. Laborer
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.

Bronchopneumonia Date of onset

Other contributory causes of importance: 107

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

13. NAME James Mungle

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

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

15. MAIDEN NAME Jane Gentry

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

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

17. INFORMANT (ADDRESS) Reginald Clark

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Field Cemetery - 10-24-36

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER (ADDRESS) Quinn - Mrs. G. L. Co 20 West Commercial - 10. Mo

(Signed) [Signature], M. D. (Address) 72 C Gen Hosp

20. FILED Oct 23 1936 m. m. - Cronin Registrar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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