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

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Cass — Registration District No. 161 — File No. 44075

Township Dayton — Primary Registration District No. 5226 — Registered No.

City Garden City, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Edwin William Munford

(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: Effie R. Munford

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

7. AGE: Years 64 | Months 9 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hopkinsville, Kentucky

PARENTS

10. NAME OF FATHER: Richard Jones Munford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lebanon, Tennessee
12. MAIDEN NAME OF MOTHER: Elizabeth Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hopkinsville, Kentucky

14. INFORMANT: Effie R. Munford
(Address) Garden City, Mo.

15. FILED Dec 10 1936 Nellie M. Smith, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 1 1936

17. I HEREBY CERTIFY: That I attended deceased from Sept 1, 1936 to Dec 1, 1936 that I last saw him alive on Dec 4 1936 and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Chr. Myocarditis c Hypertension (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diagnosis

(Signed) [illegible], M.D.

, 19 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Marshal, Mo. — DATE OF BURIAL: Dec 2, 1936

20. UNDERTAKER: J. M. Kauffman — ADDRESS: Garden City, Mo.