

JAN 29 1937

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

Do not use this space.
45361

1. PLACE OF DEATH

County Lawrence
Township Quinn
City (No.)

Registration District No. 471
Primary Registration District No. 4284

File No. II
Registered No. 64
St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Joseph J. Kuntz

St. Ward.

(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-5-1851
7. AGE YEARS 83 MONTHS 3 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. Retired
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) Wilkesburg Penn.

FATHER 13. NAME Bernard Kuntz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth S
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Ma. Mary Kuntz Koenig
(ADDRESS) Weston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACES St. Mary Cemetery DATE Dec. 19th 1936

19. UNDERTAKER Collins & Co
(ADDRESS) Quinn City Mo

20. FILED Dec. 14, 1936 E. B. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1936 to Dec. 17 1936
I last saw him alive on Dec. 17 1936 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Chronic Rheumatoid Arthritis Date of onset 1930
Arthritis

Other contributory causes of importance:
Chronic Endocarditis 1934

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

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? Yes
If so, specify
(Signed) E. B. Wright, M. D.
(Address) Quinn City Mo

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.

