

MAR 17 1937

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. 162  
Township West Peculiar Primary Registration District No. 5227  
City West Peculiar (No. 1) St. West Peculiar Ward 1

File No. 5422  
Registered No. 5422

## 2. FULL NAME

William H. Funk  
(a) Residence, No. 50 St. West Peculiar Ward 1  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 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) Nov 2 - 1857

7. AGE YEARS 79 MONTHS 3 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

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

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) Virginia

13. NAME Joseph Funk

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

15. MAIDEN NAME Elizabeth Plure

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

17. INFORMANT C. J. Diamond  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL ecclesiar. bur.  
PLACE Peculiar DATE 2/14, 1937

19. UNDERTAKER Remembrance Work  
(ADDRESS) Harrisburg, Mo.

20. FILED 2/14, 1937 Martin V. Robbins, M.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 6, 1937, to February 11, 1937

I last saw him alive on February 11, 1937. Death is said to have occurred on the date stated above, at 9 P. a.m.

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

Chs. Bacterial nephritis Date of onset ?

Other contributory causes of importance: 131  
edema lungs 2/6/37

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

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

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?.....

If so, specify.....

(Signed) Martin V. Robbins, M. D.

(Address) Peculiar, Mo.

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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