

APR 28 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Saline Registration District No. 793 File No. 13709  
Township Elmwood Primary Registration District No. 6036 Registered No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Robert Edward Kuntz  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Jan 1, 1937 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo13. NAME Henry Kuntz14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Mary Farber16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo17. INFORMANT (ADDRESS) Mr. Joseph Kuntz Blackburg Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Hannover DATE April 2, 193719. UNDERTAKER (ADDRESS) R. C. Carter Fruit & Veg. Co20. FILED Apr 1, 1937 M. J. Minnie Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 193722. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1937 to Mar 31, 1937I last saw him alive on March 30, 1937. Death is said to have occurred on the date stated above, at L. O. A. m.The principal cause of death and related causes of importance were as follows:  
Intestinal Flu Date of onset 2-16-37Other contributory causes of importance:  
Intestinal parasites 3-15-37Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? clinical Was there an autopsy? no23. 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) H. S. Putnam, M. D.  
(Address) Marshall 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.

