

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.

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township St. Joseph,
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. St. Joseph's Hospital, St. Ward)

File No. 15793
Registered No. 498

2. FULL NAME

Fred Runsey,

(a) Residence, No. 1117 Felix Street, St. Ward
(Usual place of abode)

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

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 Margaretha Runsey,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 4, 1855		
7. AGE 82	YEARS 3	MONTHS 20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor		IF LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate		
10. Date deceased last worked at this occupation (month and year) Sept. 1936		11. Total time (years) spent in this occupation 50
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Goshen, Orange Co., New York,		
13. NAME Charles Rhineas Runsey,		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange County, New York,		
15. MAIDEN NAME Mary Elizabeth Weeden,		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange County, New York,		
17. INFORMANT (ADDRESS) Mrs. Grace Walters, 1117 Felix Street,		
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland, Vault DATE April 27, 1937		
19. UNDERTAKER (ADDRESS) Healin, Belser & Bowman, 319 So. 10th. Street, Funeral Home		
20. FILED H-27 1937 W. H. Mathews Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1936, to April 24, 1937
I last saw him alive on Apr 20, 1937. Death is said to have occurred on the date stated above, at 9:45 m.
The principal cause of death and related causes of importance were as follows:
Chronic Pyelonephritis
Prostatic Hypertrophy obstructing
Urinary excreti
Date of onset

Other contributory causes of importance: 137

Name of operation Prostatic Resection Date of March 30
What test confirmed diagnosis? Chrom Was there an autopsy? No

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? No
If so, specify
(Signed) J. J. Barsbach, M. D.
(Address) 825 1/2 Frederick Ave St. Joseph mo

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Dr. Joseph, Jr.