

MAY 21 1937

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

Do not use this space.

16715

1. PLACE OF DEATH

County Jefferson

Registration District No. 421

File No. 34

Township Jestus

Primary Registration District No. 4249

Registered No. 34

City Jestus (No. _____) St. _____ Ward _____

2. FULL NAME

William A. Funk

(a) Residence, No. Main St. Jestus St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1937

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Suecy Funk

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1937, to April 15, 1937

I last saw him alive on April 15, 1937 Death is said to have occurred on the date stated above, at 2 P m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 2 2

Acute Myocarditis Date of onset _____

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store Retail
10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 40 yrs

Other contributory causes of importance: No name deposits, Congestion stomach and Bowels

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danby Mo

13. NAME Christian Funk

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

15. MAIDEN NAME Emilene Kung

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y.

MOTHER

17. INFORMANT (ADDRESS) J. R. Funk Jestus Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jestus Mo DATE 4-18-37

19. UNDERTAKER (ADDRESS) Dunbar & Vinyard Jestus Mo

20. FILED 416 1937 J. E. Rutledge Registrar.

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 Old Name (Signed) _____ M. D. (Address) Jestus Mo.

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Festus
City Festus (No. _____)

Registration District No. 421
Primary Registration District No. 4249

File No. 146715
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William A. Funk

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS 67 MONTHS 2 DAYS 2 If LESS than 12 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED 4/15-1937 W. A. Harris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) apr 15 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Acute Myocarditis Date of onset _____

Other contributory causes of importance:

Plomaine, Sepsis, Congestion, Stomach and Bowel Causes

Name of operation _____ Date of _____
Myocarditis, Sepsis, Plomaine

23. If death was due to external causes (violence) fill in the following: _____
Where did injury occur? _____ Date of injury _____

Where did injury occur? Plomaine, Sepsis, Congestion, Stomach and Bowel
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Diagnosed at home.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. G. Harris, M. D.

(Address) Festus Mo

This date 8/4/37

1918