

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Carrroll

Registration District No. 135

File No. 33886

Township Carrsboro

Primary Registration District No. 3010

Registered No. 80

City Carrsboro (No. 215 South Virginia)

St. 2nd Ward

2. FULL NAME

(a) Residence, No. Jodie L. Kunkhead  
215 South Va. St. 2nd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver O. Kunkhead

22. I HEREBY CERTIFY, that I attended deceased from 30 Sept 17 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1865

I last saw him alive on 9-17-1937. Death is said to have occurred on the date stated above, at 11:20 a.m.

7. AGE YEARS 72 MONTHS 6 DAYS 10 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows: Parkinson's disease

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

Date of onset

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

Other contributory causes of importance: Age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

13. NAME James Kunkhead

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Dorcas Nelson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19--

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Oliver O. Kunkhead Carrsboro Mo

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrsboro DATE 9-19-1937

Manner of injury Nature of injury

19. UNDERTAKER (ADDRESS) Wiley's Funeral Home Carrsboro Mo

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED 9-18-1937 Walter Hasbun Registrar

If so, specify (Signed) W. A. Coyle, M. D.

(Address) Carrsboro

Exact statement of OCCUPATION is very important.

