

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.

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

Do not use this space.

OCT 20 1937

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No. ~~Spring City~~)

Registration District No. 411
Primary Registration District No. 2002
~~Spring City~~

File No. 34522
Registered No. 10th + Mo. (Ward)

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

Spring City, Mo.
(If not resident, 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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 6 - 1889</i>		
7. AGE YEARS <i>39</i>	MONTHS <i>10</i>	DAYS <i>12</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Tree Surgeon</i>		
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) <i>Peny, Okla</i>		
13. NAME <i>James Munnis</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Not Recd</i>		
15. MAIDEN NAME <i>May Bruce</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Not Recd</i>		
17. INFORMANT (ADDRESS) <i>My Man Munis</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>Coll. Cem. 9/30/37</i>		
19. UNDERTAKER (ADDRESS) <i>Funeral Home</i>		
20. FILED <i>9-30-37 Ed D. James Registrar</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-28-37*

22. I HEREBY CERTIFY, That I attended deceased from *9-29* 19*37* to *9-29* 19*37*
I last saw him alive on *Sept. 29* 19*37* Death is said to have occurred on the date stated above, at *69* m.
The principal cause of death and related causes of importance were as follows:
Hemorrhage pulmonary
Other contributory causes of importance: *277 Tuberculosis, pulmonary*

Name of operation *none* Date of *✓*
What test confirmed diagnosis? _____ Was there an autopsy *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* 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. *none*
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *Dr. W. Winchester, Coburn* M. D.
(Address) *Jasper, Mo.*

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