

REC'D AUG 10 1938

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

Do not use this space.

24690

1. PLACE OF DEATH
 County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME Stillborn - George Junwalk and Wife
 (a) Residence, No. 112 Alexander Ave. St. Ward. 5th
 (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-38

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 0

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

13. NAME George Junwalk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Kathleen Stultman

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

17. INFORMANT Martha George Junwalk
 (ADDRESS) Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cemetery DATE 7-16-38

19. UNDERTAKER W. H. Vandeweyer
 (ADDRESS) Columbia, Mo.

20. FILED 7/16/38 Allie Selby
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1938

22. I HEREBY CERTIFY, That I attended deceased from
on 7-15-1938, to _____, 19____.

I last saw him on 7-15-1938, 19____. Death is said to have occurred on the date stated above, at 11:00 AM.
 The principal cause of death and related causes of importance were as follows:
Do not know Date of onset _____

Other contributory causes of importance:
Stillborn

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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.

Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. H. Vandeweyer, M. D.
 714 (Address) Columbia, 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.

