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.

REC'D JAN 18 1939

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

Do not use this space.

File No. 42973
Registered No. 53

1. PLACE OF DEATH
County Dunklin Registration District No. 289
Township Malden Co. Primary Registration District No. 5407
City Clarkton (No. ..... St. ..... Ward)

2. FULL NAME 5 A Ira Tune

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 male ~~female~~
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day labor
10. Date deceased last worked at this occupation (month and year) Nov 1938
11. Total time (years) spent in this occupation life

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

FATHER
13. NAME Samuel Tune
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Eliza Pool
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Rosy Tune Clarkton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sumach DATE Dec. 5, 1938

19. UNDERTAKER (ADDRESS) J. C. Fox Holcomb Mo

20. FILED 12/4/1938 S. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1937 to Dec 4, 1938
I last saw him alive on Dec 2nd, 1938. Death is said to have occurred on the date stated above, at 3:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	2 yrs
94	

Other contributory causes of importance:

Coronary Thrombosis	1 hour

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical 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) S. E. Mitchell M. D.
(Address) Malden Mo

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RECEIVED
District Health Officer No. 3
District File Number 39-87
Date Filed 1-9-39