

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City

North 2
Union 1
(No)

Registration District No.

904

Primary Registration District No.

4546
6215

File No.

44883

Registered No.

St. Ward

2. FULL NAME

David Runyon

(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)

Married

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

Adoline Runyon.

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

May 3, 1863

7. AGE

YEARS

MONTHS

28 DAYS

IF LESS than 1 day, hrs. min.

70-

7.

OCCUPATION

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

farmer retired

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)

North County Missouri

MOTHER FATHER

13. NAME

Louis Runyon

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

Ohio

15. MAIDEN NAME

Elizabeth Rouch

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

Ohio

17. INFORMANT (ADDRESS)

*Adoline Runyon
Sheridan Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Leadona* DATE *Dec. 31 1938*

19. UNDERTAKER (ADDRESS)

*Long & Boyd
Sheridan Mo.*

20. FILED

*Jan 1 1939 Mrs. O. H. Bond
Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

Dec 31 1938

22. I HEREBY CERTIFY, That I attended deceased from

Dec 31 1938 to Dec 31 1938

I last saw him alive on *Dec 31 1938* Death is said

to have occurred on the date stated above, at *3 a.m.*

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

angina pectoris

Date of onset

Other contributory causes of importance:

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.....

(Signed) *Al Long*, M. D.

(Address) *Sheridan 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.

