

1939 MAY 22 1939

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

Do not use this space.

16387

1. PLACE OF DEATH

County Vernon Registration District No. 874
Township HARRISON Primary Registration District No. 6159
City (No. _____) St. _____ Ward _____

2. FULL NAME

516 John B. Fonburg
(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 67 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Manda Burden Fonburg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 7 14

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon County Missouri

13. NAME John Fonburg

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

15. MAIDEN NAME Frances Genert

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

17. INFORMANT (ADDRESS) Mrs Manda Fonburg Arcadia, Kansas, R388

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Shiloh Cemetery April 21, 1939

19. UNDERTAKER (ADDRESS) Polanantzka Samar, Ma

20. FILED April 26 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Apr 15, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

apoplexy
82 yr
Date of onset 7/18/59

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? no

If so, specify _____

(Signed) J. D. Stettin, M. D.
(Address) 797 Arcadia, Kan

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.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

1954

RESEARCH REPORT

BY
[Illegible Name]

ADVISOR
[Illegible Name]

DEGREE
[Illegible]

DATE
[Illegible]

BY
[Illegible Name]

BY
[Illegible Name]

BY
[Illegible Name]