

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

Do not use this space.

1. PLACE OF DEATH

County Cedar

Township El Dorado Springs

City El Dorado Springs

Registration District No. 163

Primary Registration District No. 4095

File No. 43044

Registered No. 67

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5 Buckner mo. 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

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

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

Untermyer

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

Dec 23 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

77

11

13

OCCUPATION

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

Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired 17 yrs

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)

Ills.

13. NAME

A. T. Auld

FATHER

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

Ohio

MOTHER

15. MAIDEN NAME

Elizabeth Cunningham

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

Ohio

17. INFORMANT (ADDRESS)

James Auld
Buckner

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buckner DATE 12/10 1939

19. UNDERTAKER (ADDRESS)

Quinn-Siders
El Dorado Springs

20. FILED

12-9-1939 W. P. Dawson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-8- 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1939 to Dec 8 1939

I last saw him alive on Dec 8 1939. Death is said to have occurred on the date stated above, at 10 P. m.

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

Pneumonia, lobar Date of onset Dec 2

Other contributory causes of importance:

Emphysema 11/2

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) W. P. Dawson M. D.

154 (Address) El Dorado Springs

RECEIVED

Dist. Officer No. 7,

Case No. 1-40-32

Date Filed 1-8-40