

JAN 21 1940

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

Do not use this space.

43168

1. PLACE OF DEATH

County Douglas

Registration District No. 218

Township

Primary Registration District No. 3013

City Boonville, Mo.

(No. Boonville Community Clinic)

File No. 43168

Registered No. 129

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Malta Bend A. F. R. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1, 1939

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Kunze

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1939, to 12-1, 1939

I last saw her alive on 12-1, 1939. Death is said

to have occurred on the date stated above, at 5: P. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 7 24

Date of onset

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

Papilloma of st. kidney = hemorrhage

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 _____

Other contributory causes of importance:

Surgical shock + hemorrhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo.

Name of operation Nephrectomy Date of 11-30-39

13. NAME Jack Beaumont

What test confirmed diagnosis? Clinical Was there an autopsy? no

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

15. MAIDEN NAME Naomi Temper

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

17. INFORMANT Herman Kunze (ADDRESS) Malta Bend, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall, Mo. DATE Dec. 4, 1939

19. UNDERTAKER J. Leahy (ADDRESS) Marshall, Mo.

20. FILED 12-2, 1939 D. Hooper Registrar.

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) Amber H. Wells, M. D. (Address) Boonville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number 119740
Date Filed _____