

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

Do not use this space.

22611

1. PLACE OF DEATH

42 County Henry Registration District No. 349
Township W. 20 Primary Registration District No. 5-487
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John Alexander Funk
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. 5 mos. 15 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) Ruth G. Funk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1891
7. AGE YEARS 41 MONTHS 1 DAYS 29 if LESS than 1 day, _____ hrs. or _____ min.
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 _____

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

FATHER 13. NAME R. M. Funk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. indove, Illinois

MOTHER 15. MAIDEN NAME Sarah Parker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warlaw, Benton County

17. INFORMANT (ADDRESS) S. R. Funk

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun Cemetery DATE July 16 1932

19. UNDERTAKER (ADDRESS) J. A. Hooper

20. FILED 7/15, 1932 Mo. A. A. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13 1932 to July 14 1932
I last saw him alive on July 14 1932 Death is said to have occurred on the date stated above, at 3:15 p. m.
The principal cause of death and related causes of importance were as follows:

Intussusception Date of onset July 13 1932
1932

Other contributory causes of importance: none

Name of operation none 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 7/14, 1932
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) D. A. Ballard M. D.
(Address) Calhoun 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.

AUG 24 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

