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

Do not use this space.

8564

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2231

City St. Louis, Mo. (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME Otto Funk

(a) Residence. No. Annapolis, Mo. St., 12 Ward. Annapolis, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	2	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Annapolis, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Edward C. Funk.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Emma Callison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fredericktown, Mo.
(STATE OR COUNTRY)

14. INFORMANT Everett Funk
(Address) Annapolis Mo

15. FILED FEB 18 1929 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/10, 19 9, to 2/16, 19 9 that I last saw h. ..... alive on 2/16, 19 9, and that death occurred, on the date stated above, at 20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 4 P.
Peritonitis General
121 A
129
..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Gangrenous Appendix
acute (duration) ..... yrs. ..... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/10
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Findings
(Signed) Ralph T. Andrews, M. D
2/16, 1929 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Annapolis Mo	February 18 1929
20. UNDERTAKER	ADDRESS
White & Son Und. Co.	Fronton 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.

[illegible]

Wall Bldg 1

[illegible]