

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

Do not use this space.

26939

1. PLACE OF DEATH **U.S. VETERANS' HOSPITAL,** 399
 County..... **JACKSON** Registration District No.
 Township..... **Raw** Primary Registration District No. **1002**
 City..... **KANSAS CITY** (No. **U.S. Veterans Hospital**) St. Ward)

2. FULL NAME **RUNTE, Clarence Edward** C-187,593 WOE
 (a) Residence. No. **Council Bluffs, Iowa.** St. Ward. **Pvt. 1/cl. 9th Aero Sqdn.**
 (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) **SINGLE**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **November 16, 1891.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	38	9	12	

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

9. BIRTHPLACE (CITY OR TOWN) **Council Bluffs,**
 (STATE OR COUNTRY) **Iowa.**

10. NAME OF FATHER **Fred H. Runte,**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Council Bluffs**
 (STATE OR COUNTRY) **Iowa.**

12. MAIDEN NAME OF MOTHER **Amelia Henze,**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Davis,**
 (STATE OR COUNTRY) **Illinois.**

14. INFORMANT **Father, Mr. Fred H. Runte,**
 (Address) **Council Bluffs, Iowa.**

15. FILED **9/28 30 M.M. Grove**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **August 28, 1930**

17. I HEREBY CERTIFY, That I attended deceased from **June 12,** 1930, to **August 28, 1930,** that I last saw him alive on **August 28,** 1930 and that death occurred, on the date stated above, at **10:05 A.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, interstitial, chronic
Not known. (duration) yrs. mos. ds.
 CONTRIBUTORY **Valvular heart disease-mitral**
 (SECONDARY) **insufficiency.**
Hypertension, arterial, severe.
Not known. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF BIRTH **Not known.**
 DID AN OPERATION PRECEDE DEATH? **NO.** DATE OF
 WAS THERE AN AUTOPSY? **Yes.**

WHAT TEST CONFIRMED DIAGNOSIS? **Laboratory.**
Henry A. Dykes, M.D.
Henry A. Dykes, Med. Off. in Chge, (Temp),
U.S. VETERANS' HOSPITAL, Kansas City, Mo.

*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 **Council Bluffs** DATE OF BURIAL **8/28 1930**

20. UNDERTAKER **Treman Mortuary - Kc Mo** ADDRESS

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.

