

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

Do not use this space.

20959

1. PLACE OF DEATH

County Cole
Township Liberty
City (No.)

Registration District No. 215-20
Primary Registration District No. 2293
5293

File No. 766
Registered No.
St. Ward)

2. FULL NAME Jacob Wunderlich

(a) Residence, No. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-1-1847</u>		
7. AGE	YEARS	MONTHS
	<u>84</u>	<u>5</u>
		<u>17</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	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) <u>Osage Bluff, Mo</u>		
FATHER	13. NAME <u>Conrad Wunderlich</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Barbara Magdalene Horle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Barbara Weith</u> (ADDRESS) <u>Osage City, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rover View</u> DATE <u>6/21</u> 19 <u>31</u>		
19. UNDERTAKER <u>Wymore-Gordon</u> (ADDRESS) <u>Jefferson City, Mo</u>		
20. FILED <u>6-25-1931</u> <u>J. F. Wilson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1931 to June 17 1931
I last saw him alive on May 26 1931 Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:
Terminal Pneumonia Date of onset 186A
- labor -
194B
108 103

Other contributory causes of importance:
Old age. Fracture of Rt. femur surgically union.

Name of operation none Date of
What test confirmed diagnosis? Chemical Was there an autopsy? no

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.

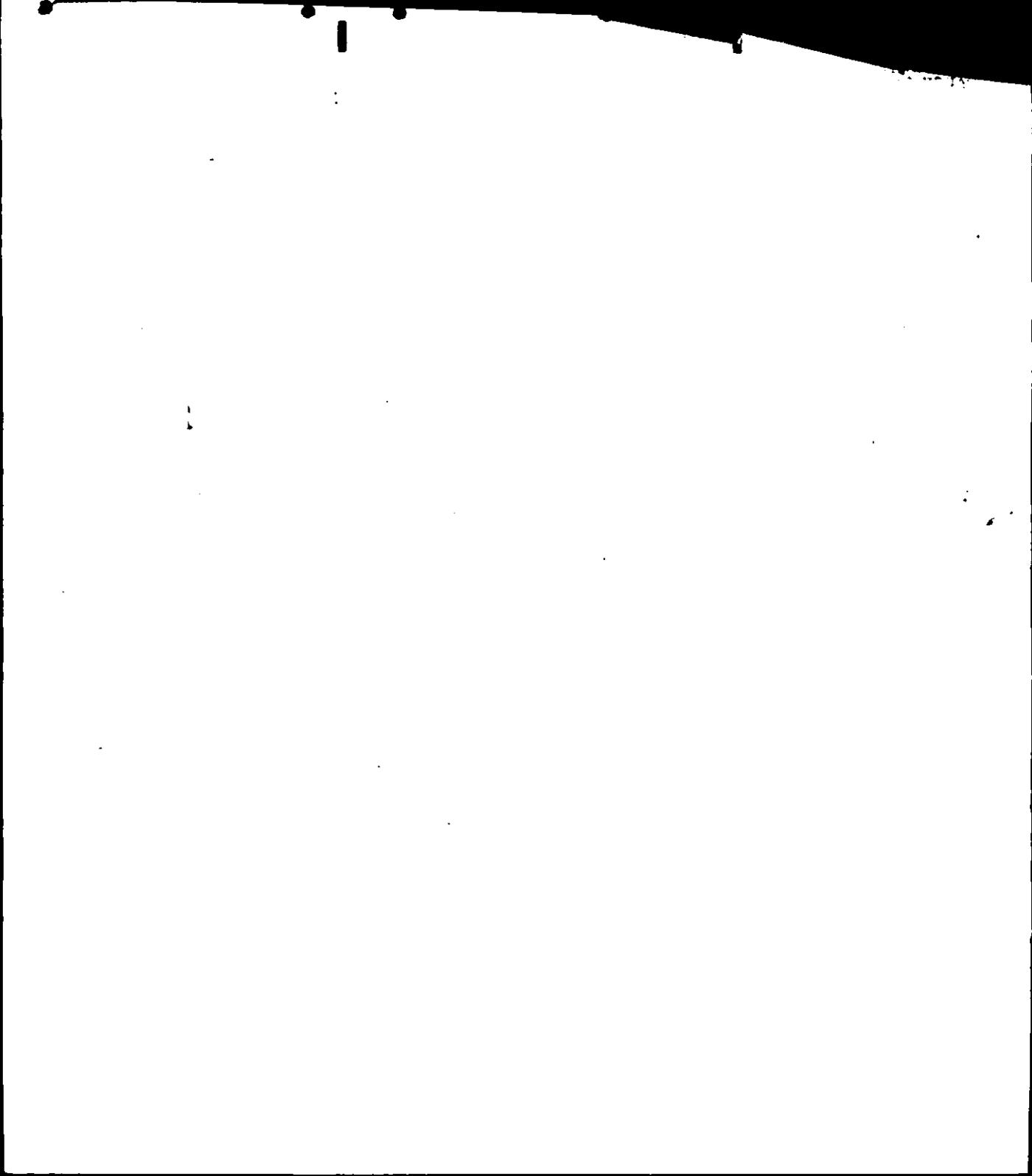
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jas. A. Hill M. D.
(Address) Jefferson City Mo

UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 28 1931



cated by check marks, lacking from the death certificate:

Name: Jacob Kunderlich

Who died at: Coleco Mo. on June 18, 1931

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Terminal Pneumonia
Lobar. He fell at his home causing

Contributory: Old age - Fracture of ^{Fracture}
right femur - surgical neck,

Where was disease contracted? _____

Did operation precede death? No Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: Jos. A. Hill M.D.

Address of physician: Jefferson City Mo.

WPIT

N.B.

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