

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

Do not use this space.

8991

File No. _____
Registered No. 75
St. _____ Ward _____

1. PLACE OF DEATH
51 County Johnson Registration District No. 434
Township Hazel Hill Primary Registration District No. 5591
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John S. Claunch
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 - 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>74</u>	<u>1</u>	<u>23</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farmer

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) Johnson Co Mo.

13. NAME Buried Claunch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merion Co Ky

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Joe Claunch, Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Debuty DATE May 18 1932

19. UNDERTAKER (ADDRESS) Shreeves-Phillips, Warrensburg, Mo.

20. FILED 4/10 1932 A. E. Pollock Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16 1932

2. I HEREBY CERTIFY, That I attended deceased from March 3rd 1932 to March 15th 1932
I last saw him alive on March 6th 1932 Death is said to have occurred on the date stated above, at 5:30 m.
The principal cause of death and related causes of importance were as follows:
Influenza pneumonia
Other contributory causes of importance: (1)

Name of operation _____ 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 _____, 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?
If so, specify _____
(Signed) O. G. Hall, M. D.
(Address) Warrensburg Mo.

APR 27 1932

N. B.—Every item of information should be carefully supplied. No item should be stated unless it is a fact. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

