

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

Do not use this space.

32258

1. PLACE OF DEATH

11 County Buchanan Registration District No. 85
5 Township St. Joseph Primary Registration District No. 4001
7 City St. Joseph (No. Burns Slope) St. _____ Ward _____

File No. _____
Registered No. 1015
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Burns Slope St. 1611 Highley Street
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Funn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20-1863

7. AGE YEARS 70 MONTHS 0 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) unknown Arkansas

MOTHER 13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Arkansas

15. MAIDEN NAME unknown

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

17. INFORMANT J. H. Funn
(ADDRESS) 1611 Highley

18. BURIAL, CREMATION, OR REMOVAL PLACE ashland DATE 10/14 1933

19. UNDERTAKER (ADDRESS) St. Joseph, Mo

20. FILED OCT 12 1933 John M. Buder Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12 1933

22. I HEREBY CERTIFY, That I attended deceased from June 14 1933, to Oct 12 1933
last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary T. B. Date of onset _____

23A 23

Other contributory causes of importance _____

Name of operation _____ Date of clinical _____

What test confirmed diagnosis? Laboratory 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 A. J. Smith

(Signed) _____, M. D.
(Address) P. O. Box 3409

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

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.

NOV 10 1933

