

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

Do not use this space.

39489

1. PLACE OF DEATH

County Clay Registration District No. 197
 Township Gallatin Primary Registration District No. 5276
 City North Taneyville (No. St. Ward)

File No.

Registered No.

2. FULL NAME

C. M. Munser
 (a) Residence, No. 1502 Wyanolite 341 E. 14th Ward.
 (Usual place of abode) Taneyville Mo. (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	68	2	24	

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

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) Norway

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Catherine Wyanolite, Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lindenberg Taneyville Mo. DATE Dec 8, 1933

19. UNDERTAKER (ADDRESS) Morton & Co North Taneyville Mo.

20. FILED Dec 6, 1933 John S. Morton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Cerebral Hemorrhage massive
12/3
8/10
9/5 B

Other contributory causes of importance: Hypertrophy of the heart Early

Anasarea

Name of operation Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 No. by N.Y. Song in 29. Liberty Mo.

(Signed) Catherine Wyanolite
Liberty Clay Co Mo

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.

1934
 JAN 10 1934

Thomas Jefferson
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