

JUN 2 1 1937

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

Do not use this space.

20123

1. PLACE OF DEATH

7 County *Green*  
Township *Franklin*  
City *Springfield*

Registration District No. *322*  
Primary Registration District No. *5446*

File No. ....  
Registered No. *7* St. .... Ward)

2. FULL NAME

(a) Residence, No. *R#1* St. .... Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 28 - 1931*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *0 1 2*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant at Home*  
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) *Springfield Mo.*

FATHER 13. NAME *Max Amett*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Salem Mo.*

MOTHER 15. MAIDEN NAME *Elsie Funkhouser*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT *H. L. Funkhouser* (ADDRESS) *R#1 Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *mt comfort* DATE *April 3 1937*

19. UNDERTAKER (ADDRESS) *J. W. Klingner Co. Springfield, Mo.*

20. FILED *Apr 5 1937* *Ellen Barnes* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-2-1937*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 30*, 1937, to *4-2-1937*

I last saw him alive on *4-2-1937* Death is said to have occurred on the date stated above, at *10 P.M.*

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

*Lobar pneumonia* Date of onset *3/29/37*

Other contributory causes of importance:

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

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) *C. S. Feller*, M. D.

(Address) *Springfield, Mo.*

