

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

23038
Do not use this space.

REC'D JUL 17 1938

1. PLACE OF DEATH

(a) County Saline Registration District No. 79638
 (b) Township Marshall Primary Registration District No. 3038 Registered No. 93
 (c) City Marshall, Mo. (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ira Newby Puntaney

(a) Residence, No. So. Benton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Hayes</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9, 1860</u>				
7. AGE YEARS <u>77</u>	MONTHS <u>II</u>	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION				
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>				
9. Industry or business in which work was done, as saw mill, bank, etc. <u>'' ''</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), <u>Lafayette</u> , _____ (STATE OR COUNTRY) <u>Indiana</u>				
FATHER				
13. NAME <u>John H. Puntaney</u>				
14. BIRTHPLACE (CITY OR TOWN), _____ (STATE OR COUNTRY) <u>Unknown</u>				
MOTHER				
15. MAIDEN NAME <u>Elizabeth Newby</u>				
16. BIRTHPLACE (CITY OR TOWN), _____ (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT <u>Mrs. Nell Howell</u> (ADDRESS) <u>Marshall, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge P. Cemetery June 9, 38</u>				
19. FUNERAL DIRECTOR <u>J.L. Sweeney</u> (ADDRESS) <u>Marshall, Mo.</u>				
20. FILED <u>6-8-38</u> <u>Mary Kent</u> <u>Local Registrar</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17 to June 7, 1938
 I last saw him alive on June 7, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis.
asthma
 Other contributory causes of importance: 971/3

Name of operation none Date of _____
 What test confirmed diagnosis? Fluores 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) Robert M. Sweeney, M. D.
 (Address) Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

50M-7-20-37 I. X12004

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.

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Murray, Licensed Embalmer No. 3235
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Leslie Murray
..... L. E.
No. 3235 or by Registered Apprentice No. 4
working under my personal supervision.

Signed J. Leslie Murray
Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)