DEC 1 JAN 13 1939

Long

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

Do not use this space.

44088

1. PLACE OF DEATH

County Pettis 2 — Registration District No. 668 — File No. ~~346~~

Township 1 — Primary Registration District No. 3039 — Registered No. ~~668~~ 346

City Sedalia (No. L306 So. Harrison St. Ward)

80 4 4

2. FULL NAME 520 Andrew Jackson Funk

(a) Residence, No. 1306 So. Harrison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
78	2	6	

OCCUPATION

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

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) Illinois 1

FATHER

13. NAME James Funk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1

MOTHER

15. MAIDEN NAME Mary Ann Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1

17. INFORMANT (ADDRESS) Mrs. J. W. Rowlette Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Dec. 12, 1938, 19

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia, Mo.

20. FILED 11-13 1938 Mrs Harry Sneed Registrar. 9/6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1938 to Dec. 9, 1938
I last saw him alive on Dec. 9, 1938. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia 92	12/3/38
Other contributory causes of importance:	
Mitral Regurgitation	2
Acute Cold	12/2/38

Name of operation None Date of —
What test confirmed diagnosis? Clinical 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) Frank B. Long M. D.
(Address) Sedalia, Mo.

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.

A. E. Bouchie
3847
Sedalia Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/14/39