

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

## 1. PLACE OF DEATH

County BuchananRegistration District No. 3-85Township 1Primary Registration District No. 1001City St. Joseph(No. St. Joseph # 2)File No. 21599Registered No. 536

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Chillicothe, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_Chillicothe, Mo.  
(If nonresident, give city or town and State)Length of residence in city or town where death occurred 0 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 8, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>37</u>	<u>6</u>	<u>15</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common laborer</u>
	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) Breckeuridge, Mo.13. NAME W. G. Runkle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Josephine Garvin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Records State Hosp # 2  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL  
PLACE Chillicothe, Mo. DATE 6-23 193919. UNDERTAKER Frank B. Norman  
(ADDRESS) Chillicothe, Mo.20. FILED 6/23/ 1939 H. J. Neill  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 193922. I HEREBY CERTIFY, that I attended deceased from March 17, 1939 to June 22, 1939I last saw him alive on June 22, 1939 Death is saidto have occurred on the date stated above, at 12:09 a.m.

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

Convulsions due to Hemorrhage  
Hematemesis, Cause undetermined 50  
Date of onset 6/22/39

Other contributory causes of importance:

Convulsions Due to Hemorrhage 15  
Date of onset 6/22/39

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis Ch. + hab. Was there an autopsy? No23. 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) D. G. Johnson M. D.(Address) State Hosp # 2  
St. Joseph, Mo.

JUL 6 1939

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this  
Certificate was embalmed by \_\_\_\_\_

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) \_\_\_\_\_

\_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

**NOTE:** The above must be signed by the licensed embalmer in ink.  
(Failure to comply with above regulation constitutes a violation.)