

DEC 4 1936

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

Do not use this space.

38838

1. PLACE OF DEATH

County St. Francois  
Township St. Francois  
City Farmington (No. \_\_\_\_\_)

Registration District No. 773  
Primary Registration District No. 4464

File No. \_\_\_\_\_  
Registered No. 181  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wm Cuncleton

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 9 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 7 6

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

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) 5 yrs 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Francois Co (STATE OR COUNTRY) Mo

13. NAME Wm Cuncleton

14. BIRTHPLACE (CITY OR TOWN) Ken (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Miss Moon

16. BIRTHPLACE (CITY OR TOWN) Bulltown (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Caroline Cuncleton (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Mourning Chapel DATE Oct 14 1936

19. UNDERTAKER Farmington Undertaking Co (ADDRESS) Farmington Mo

20. FILED Oct 12, 1936 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1936 to Oct 7 1936. I last saw him alive on Oct 5 1936. 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:

Chronic myocarditis  
Chronic arterial sclerosis  
Chronic Int. nephritis

Other contributory causes of importance: \_\_\_\_\_

Name of operation Cholecystectomy Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) R. P. Phelan, M. D.  
(Address) Farmington 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.

