

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

Do not use this space.

15338

PLACE OF DEATH

County Madison

Registration District No. 38

File No. _____

Township _____

Primary Registration District No. 38-2825

Registered No. _____

City Fredericktown (No. _____)

St. _____

Ward) _____

2. FULL NAME Mary Juntin

(a) Residence No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

James Juntin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 10-1873

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, _____ hrs. _____ min.

55

8

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

John Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Jos Juntin
Harrington, Mo

15.

FILED

20 1929 C U Dant

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 26 1929

17.

I HEREBY CERTIFY, That I attended deceased from _____

20, 1929, to Apr. 25, 1929

that I last saw her alive on Apr. 25, 1929, and that death occurred, on the date stated above, at 4:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro-Hepatic enteritis

CONTRIBUTORY (SECONDARY)

114B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) M. B. Bueler, M. D.

Apr. 1929 (Address) Fredericktown, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Fredericktown, Mo
Christian Cemetery
Apr. 27 1929

20. UNDERTAKER

Ed. H. Webb Fredericktown

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.

28 1029

235

31

