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

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.

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

Do not use this space. 10471

791

1. PLACE OF DEATH.

County.................. Registration District No. ....
Township.................. Primary Registration District No. 1003 File No. ....
City.................. (No. Barnard Skin & Cancer Hosp't St. Registered No. 3071 ....Ward)

2. FULL NAME Minna Kunz

(a) Residence. No. .... St., 21 Ward. Mt. Olive Ill
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred .... yrs. .... mos. 8 ds. How long in U.S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: F — 4. COLOR OR RACE: White — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-30 1927
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Paul Kunz	17. I HEREBY CERTIFY, That I attended deceased from 3-22, 1927, to 3-30, 1927 that I last saw her alive on 3-29-, 1927, and that death occurred, on the date stated above, at 10:15 a.m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-3-1877	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE: Years 49 — Months 6 — Days 27 — If LESS than 1 day, ...hrs. or ....min.	Carcinoma of Stomach
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife	44a (duration) 1 yrs. ....mos. ....ds.
(b) General nature of industry, business, or establishment in which employed (or employer)	CONTRIBUTORY (SECONDARY) Chr Myocarditis
(c) Name of employer	(duration) ....yrs. ....mos. ....ds.
9. BIRTHPLACE (CITY OR TOWN) .... (STATE OR COUNTRY) Germany	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Mt Olive Ill.
PARENTS — 10. NAME OF FATHER Morris Bauman	Did an operation precede death? yes Date of 3-23-27
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .... (STATE OR COUNTRY) Germany	Was there an autopsy? yes
12. MAIDEN NAME OF MOTHER Emma Heinz	What test confirmed diagnosis?
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .... (STATE OR COUNTRY) Germany	(Signed) O. J. M. McEnaney, M. D. 3-30, 1927 (Address) Barnard Hospital
	*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.
14. INFORMANT Ruth C McMyler (Address) 3427 Washington	19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Olive Union Cem. — DATE OF BURIAL Apr 2 1927
15. Filed MAR 30 1927 Max C Starkloff REGISTRAR	20. UNDERTAKER Edw H Becker — ADDRESS Mt Olive Ills