

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

Do not use this space.
31794

1. PLACE OF DEATH
 26 County Coles Registration District No. 213 File No. 239
 3 Township _____ Primary Registration District No. 5014 Registered No. _____
 8 City Jefferson City (No. _____) St. _____ Ward _____
 2. FULL NAME Frank Hunziker
 (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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 - 1844
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 1 17
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 16 1/2
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
 13. NAME Don't know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
 17. INFORMANT W. M. Hunziker (ADDRESS) Jefferson City Mo
 18. BURIAL, CREMATION OR REMOVAL PLACE Cemetery DATE Oct 16 1932
 19. UNDERTAKER W. H. H. & Fred Meyer (ADDRESS) California
 20. FILED 10/20/32 J. C. Bedford Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Cardiac disease
Atherosome valvular
mitral
92 W
 Other contributory causes of importance:
Senility
 Name of operation _____ 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 _____
 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) J. C. Bedford, M. D.
 (Address) J. C. Bedford

NOV 22 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

