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

Do not use this space.

8564

1. PLACE OF DEATH

County .... Registration District No. 791

Township .... Primary Registration District No. 1003

File No. .... Registered No. 2231

City St. Louis, Mo. (No. Mo. Baptist Hospital St. .... Ward)

2. FULL NAME Otto Funk

(a) Residence. No. Annapolis, Mo. St., 12 Ward. Annapolis, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)		
Male	White	Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	Maude Funk.			
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	Nov. 29, 1890			
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	38	2	18	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work	Farmer			
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN)	Annapolis,			
(STATE OR COUNTRY)	Mo.			
PARENTS — 10. NAME OF FATHER	Edward C. Funk.			
11. BIRTHPLACE OF FATHER (CITY OR TOWN)				
(STATE OR COUNTRY)	Germany			
12. MAIDEN NAME OF MOTHER	Emma Callison			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	Fredericktown,			
(STATE OR COUNTRY)	Mo.			
14. INFORMANT	Everett Funk,			
(Address)	Annapolis, Mo			
15. FILED	FEB 18 1929	Mary C Stanley	REGISTRAR	

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 2/10 1929, to 2/16 1929

that I last saw h... alive on 2/16 1929, and that death occurred, on the date stated above, at 20 .m. 4 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis General

121A

129

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Gangrenous Appendicitis acute

(duration) ... yrs. ... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/10

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? [illegible]

(Signed) [illegible], M. D

2/16, 1929 (Address)

*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
Annapolis Mo	February 18 1929
20. UNDERTAKER	ADDRESS
[illegible] Hdw Co.	Ironton 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.