

PLACE OF DEATH.

STATE OF NORTH CAROLINA.

317

STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS.

County HendersonCity Hendersonville N.C.

## CERTIFICATE AND RECORD OF DEATH.

No. 5th Ave West Street Ward.Registered No. 22

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Leonida P. Funkhouser

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)DATE OF BIRTH Dec 18 1860  
(Month) (Day) (Year)AGE 51 years, 6 months, — days or — hrs. — min.?  
If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.?OCCUPATION Physician  
Trade, profession, or particular kind of work  
General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (State or country) St Louis Mo.NAME OF FATHER Robert M FunkhouserBIRTHPLACE OF FATHER (State or country) VirginiaMAIDEN NAME OF MOTHER Larsh SelmerBIRTHPLACE OF MOTHER (State or country) New York City

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Aust Funkhouser(Address) 401 S 40th St Omaha NebFiled June 12 1912J. D. Davis  
Registrar.

## MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 11 1912  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from June 1 1912 to June 11 1912  
that I last saw him alive on June 11 1912  
and that death occurred, on the date stated above, at 4 P M.The CAUSE OF DEATH\* was as follows:  
myocarditis 19Antebey yr. mos. ds.CONTRIBUTORY (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. mos. ds.(Signed) U. B. Drapeau  
June 12 1912 (Address) Hendersonville

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Chicago Ill DATE OF BURIAL June 13 1912UNDERTAKER Shoo Sifford ADDRESS Wille N.C.