

21 1928

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township A
City Clinton Mo

Registration District No. 347
Primary Registration District No. 3018

File No. 33380
Registered No. 130
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Dr. Hays room St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W M C Bunch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 14 - 1900

7. AGE Years 28 Months 11 Days 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) major house
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Scotism Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J B Eover
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scotism Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Laura B. Eover
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotism Mo
(STATE OR COUNTRY)

14. INFORMANT Mr W M Bunch
(Address) Springfield Mo

15. FILED Oct 25 1928 Dr E C. Peeler REGISTRAR
per JH

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 19 28

17. I HEREBY CERTIFY, That I attended deceased from Oct 20 1928, to Oct 25 1928, and that I last saw him alive on Oct 25 1928, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

147 Transition
143002
(duration) yrs. 4 mos. da.
CONTRIBUTORY vomiting of pregnancy
(SECONDARY)
(duration) yrs. 4 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

1. DID AN OPERATION PRECEDE DEATH? no DATE OF Oct 23/28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) Robt D Naire M. D.
, 19 (Address) Clinton 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 Laurery City Mo DATE OF BURIAL Oct 26 1928

20. UNDERTAKER Spore son ADDRESS Clinton

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.

