DEC 7 1928

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

Do not use this space.

40396

1. PLACE OF DEATH

County: Howard — Registration District No. 378 — File No.

Township: Bonifacia — Primary Registration District No. 6-8-D — Registered No. 73

City: near Higbee (No. ..... St. ..... Ward)

2. FULL NAME David W. Sunyar

(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Ida Sunyar

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 4-1853

7. AGE: Years 75 — Months 6 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Howard Co

PARENTS

10. NAME OF FATHER: Peter Sunyar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Howard Co
12. MAIDEN NAME OF MOTHER: Dent Kuan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Howard Co

14. INFORMANT: Ida Sunyar (Address) Higbee Mo R.F.D

15. FILED 12-10 1928 V. A. Bonham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1928, to Dec 3, 1928, that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at 9 25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza 11A
109A
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pneumonia
..... (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? NO DATE OF .....
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. F. Burnhalter, M. D
Dec 5, 1928 (Address) Higbee 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: Faronian Randolph — DATE OF BURIAL: Dec 5 1928

20. UNDERTAKER: C. L. Feland — ADDRESS: Higbee 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.