

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

Do not use this space.

9275

1. PLACE OF DEATH

County Vermon
Township Washington
City (No.) (St.) (Ward)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 14

2. FULL NAME

Robert G. Bunnister
(a) Residence No. State Hospital #3 St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 4 mos. 20 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) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Bentley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 10

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Math Bunnister
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER L. Craig
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. J. S. Ward
(Address) Stowell Mo.

15. FILED 2-13-29 E. B. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3 1929

17. I HEREBY CERTIFY, That I attended deceased from
Feb. 3, 1928, to Feb. 3, 1929
that I last saw him alive on
8 m. 1929, and that death occurred, on the date stated above, at
8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

99
Cerebral arteriosclerosis
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 91B
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. J. O'Dell, M. D.
Feb. 3, 1929 (Address) Nevada 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 Eldorado, Mo. DATE OF BURIAL Feb. 4, 1929
20. UNDERTAKER Quinn Lundtr. ADDRESS Eldorado, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. DO NOT SIGN UNLESS YOU KNOW OF DEATH EXACTLY. PHYSICIANS should state EXACTLY. DO NOT SIGN UNLESS YOU KNOW OF DEATH EXACTLY.

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