

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

Do not use this space.

8559

1. PLACE OF DEATH  
 County Ruchanan Registration District No. 81  
 Township Bloomington Primary Registration District No. 5122  
 City 1 Mile South of DeKalb, Mo. (No. 1 Mile South of DeKalb, Mo. St.        Ward)

File No. 8559  
 Registered No. 3

2. FULL NAME Allen Nelson Bundy  
 (a) Residence. No. 1 Mile So. of DeKalb, Mo. Ward.         
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olive M. Bundy  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20, 1845  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
83 3 26  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)         
 (c) Name of employer       

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15, 1929  
 17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Mar 15, 1929, that I last saw him alive on Mar 14, 1929, and that death occurred, on the date stated above, at 5:10 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Interstitial Nephritis  
191 (duration) 2 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 1929 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Rudhville, (STATE OR COUNTRY) Missouri,  
 10. NAME OF FATHER Alexander Bundy,  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ohio,  
 12. MAIDEN NAME OF MOTHER Susan Myers,  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ohio.

18. WHERE WAS DISEASE CONTRACTED         
 IF NOT AT PLACE OF DEATH         
 19. DID AN OPERATION PRECEDE DEATH? No DATE OF         
 20. WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS urinal tests  
 (Signed) E. B. McC Dow, M. D.  
Mar 16, 1929 (Address) De Kalb, 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.

14. INFORMANT Mrs. L. C. Sampson (Address) DeKalb, Mo  
 15. FILED 3/16, 1929 J. W. McAdams REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DeKalb, Mo. Cemetery DATE OF BURIAL Mich. 17 19 29  
 20. UNDERTAKER Heaton, DeKalb, Mo. ADDRESS 319 S. 10 St.

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.

*Funeral Home Joseph, Mo*

