

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

Do not use this space.  
26112

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1003**

Registered No. **7307**

City Shannon mo. (No. Alexian Bros Hospital St. .... Ward)

**2. FULL NAME**

Mike J. Buncher

(a) Residence. No. 4007 Glad St., 17 Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male white married

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

Mary A. Buncher

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

6-11-1865

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

64 0 29

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

9. BIRTHPLACE (CITY OR TOWN)

Waterloo See.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

John Buncher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Waterloo

(STATE OR COUNTRY)

See

12. MAIDEN NAME OF MOTHER

Elizabeth Glesner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Waterloo

(STATE OR COUNTRY)

See

14.

INFORMANT

Mary A. Buncher

(Address)

4007 Glad ave Ophersville

15.

FILED

12 May C. Harker

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-10-1929

17. I HEREBY CERTIFY, That I attended deceased from July 9th, 1929 to July 10th, 1929 that I last saw him alive on July 10th, 1929, and that death occurred, on the date stated above, at 5:00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1929 Buncher - Pneumonia  
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)

Cerebral Edema  
(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

(Signed)

Ernest Lyngstrom  
Thos. W. Flynn, M. D.

7/12 1929 (Address) No Theatre bldg.

\*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

DATE OF BURIAL

580 West Pauli Cemetery Waterloo Ill.

7/13 1929

20. UNDERTAKER

ADDRESS

Weick Bros 2201 So Grand

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.

