

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (No. 502 Woodson) St. \_\_\_\_\_ (Ward)

**33005**

File No. \_\_\_\_\_  
 Registered No. 1158

**2. FULL NAME**

George Bunch,

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Amazonia, Missouri.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 28 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) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11th. 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 6 24

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) Unknown,  
 (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Mack Bunch,  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Unknown,  
 12. MAIDEN NAME OF MOTHER Elizabeth Keeley,  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Unknown,

14. INFORMANT David Bunch  
 (Address) 502 Woodson Street,

15. FILED Oct 7 1929 19 \_\_\_\_\_ REGISTRAR John J. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 5, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1929, to Oct 7, 1929 that I last saw him alive on Oct 6, 1929, and that death occurred, on the date stated above, at 11:40 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cerebral Hemorrhage  
82 A  
97

(duration) yrs. mos. 13 ds.  
 CONTRIBUTORY Arterio-sclerosis  
 (SECONDARY) (duration) 10 yrs. mos. ds.

18. WERE THERE DISEASE CONTRACTED IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Symptoms  
 (Signed) W. J. [Signature] M. D.  
 , 19 \_\_\_\_\_ (Address) 1925 E. [Address]

\*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 Amazonia, Mo. via Auto DATE OF BURIAL Oct. 7th 1929

20. UNDERTAKER Heston-Betts & Bowmer ADDRESS 319 S. 10 St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

*Survivor's Home*

