

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

Do not use this space.

33163

1. PLACE OF DEATH

County Cameron
Township Anglo
City Phillipsburg (No.)

Registration District No. 275-
Primary Registration District No. 57700

File No.
Registered No.
St. Ward

2. FULL NAME

Philip Stephen Bungman

(a) Residence. No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Cora Bungman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 1896

7. AGE: YEARS 33 MONTHS 4 DAYS 12 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(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) Laclede Co Mo

10. NAME OF FATHER David S Bungman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Mary Ann Gentry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pa

14. INFORMANT Emma Martin

(Address) Stoutland Mo

15. FILED 10-11, 1929 W.D. Red

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1929, to Oct 11, 1929, that I last saw alive on Oct 11, 1929, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Septic Tonsillitis 1150
Subacute Tonsillitis 130
Acute Tonsillitis 1

CONTRIBUTORY (SECONDARY)

Acute Nephritis
1190

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Place of Death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Red slide diagnosis

(Signed) W.D. Red M. D.

10-11, 1929 (Address) Stoutland 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

DATE OF BURIAL

Old Liberty

10-13 1929

20. UNDERTAKER

ADDRESS

J.O. Trow

Stoutland Mo

