

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

Do not use this space.

40887
5293

1. PLACE OF DEATH

County Jackson
Township Yeast
City Kansas City (No. 1002)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Bundick Infant
(a) Residence, No. 1515 Montgall St. 11 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 9 1929</u>		
7. AGE	YEARS	MONTHS
	<u>10</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Child</u> (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-19 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-9 1929, to 12-19 1929 that I last saw him alive on 12-19 1929, and that death occurred, on the date stated above, at 8:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity
159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10/10 (duration) yrs. mos. ds.

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Fred Bundick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Ellen Hubner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lawrence
(STATE OR COUNTRY) MO

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) P. E. Williams, M. D.
12-20 1929 (Address) Subst K.C. Gen.

*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 Reverend Clerk
(Address) K.C. Gen'l Hosp

15. FILED 12-24 1929 M. M. Croome
REGISTRAR asst

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leeds. DATE OF BURIAL 12-24 1929

20. UNDERTAKER D. J. Maet ADDRESS XO

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.

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

