MAR 5 1930

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

Do not use this space.

4422

File No. .....

Registered No. 8

1. PLACE OF DEATH
County: Clinton
Township: .....
City: Cameron (No. ....., ... St. ..... Ward)

Registration District No. 204
Primary Registration District No. 3013

2. FULL NAME: Mamie Bunch

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 8-1879

7. AGE: Years 50 | Months 6 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: None

9. BIRTHPLACE (CITY OR TOWN): Clark Co.
(STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: Wm. Bunch
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Clark Co.
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Mahala Schuler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Clark Co.
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Norvil J. Bell
(Address): Cameron Mo.

15. FILED: 2/10, 1930 D. C. Ridley, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1930 to Feb. 9, 1930, and that death occurred, on the date stated above, at 9:30 P m.

Coroner of Clinton Co. at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem

(Signed) Joseph B. Gordon, M.D.

Feb. 19 30 (Address) Cameron Mo & Clinton Co

*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: Kidder Mo.
DATE OF BURIAL: Feb. 11 1930

20. UNDERTAKER: H. F. Powell
ADDRESS: Kidder Mo.