

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.

APR 28 1930

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

Do not use this space.

8425

1. PLACE OF DEATH Grundy
 County Grundy Registration District No. 326
 Township Madison Primary Registration District No. 493
 City Trenton (No. 5452) St. _____ Ward _____

2. FULL NAME Eugene Bunce
 (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. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 56
 Registered No. 13

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11 - 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>0</u>	<u>0</u>	<u>29</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Trenton
 (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER <u>Harry Bunce</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Kansas City</u> (STATE OR COUNTRY) <u>Missouri</u>
12. MAIDEN NAME OF MOTHER <u>Cora Nelson</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Iowa</u>

14. INFORMANT Harry Bunce
 (Address) Trenton, Missouri

15. FILED Mar 2, 1930 Anne D. Price
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 11, 1930

17. HEREBY CERTIFY, That I attended deceased from Mar 3, 1930 to Mar 12, 1930
 I last saw him alive on Mar 10, 1930, and that _____ occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH WAS AS FOLLOWS:
Bruner's
10TH / 100 W (duration) _____ yrs. _____ mos. 5 ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ 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? none
 (Signed) [Signature] M. D.
 , 19 _____ (Address) Trenton, 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 <u>Cross Creek Cemetery</u>	DATE OF BURIAL <u>Mar 12 1930</u>
20. UNDERTAKER <u>Bernard C. Davis #3211</u>	ADDRESS <u>Trenton Mo.</u>

