

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

Do not use this space.

MAY 28 1930

13916

1. PLACE OF DEATH

County St. Louis Co.
Township JARONDELET
City St. Louis

Registration District No. 1123
Primary Registration District No. 8248E
No. 9th St. Rose Hosp.

File No. _____
Registered No. 127
St. _____ Ward) _____

2. FULL NAME

Mary (Hallett) Bunyan
(a) Residence. No. East St. Louis 801 St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. J. Bunyan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 7 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) East St. Louis Ill
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Mr. J. Bunyan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canada
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Portal
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canada
(STATE OR COUNTRY)

14. INFORMANT Brother - Mr. J. Bunyan
(Address) St. Louis, Mo

15. FILED 11/17 19 30 L. C. Obrock, M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/9/30 1930, to 4/27 1930, that I last saw her alive on 4/27 1930, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary T.Bc.

23A
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 51
(duration) _____ yrs. _____ mos. _____ ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS exam of specimen for T.Bc. & neg
(Signed) W. J. Walker, M. D.
, 19 (Address) 9101 So. Pittsburg Ave. St. Louis

*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 Mt. Carmel Belleville DATE OF BURIAL April 30 1930

20. UNDERTAKER Chas. Becke ADDRESS E. St. Louis Ill

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.

RECORD

