

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

Do not use this space.

25551

PLACE OF DEATH

County Schuyler

Registration District No. 873

Township Liberty

Primary Registration District No. 6050

City _____ (No. _____)

File No. _____

Registered No. 11

City _____ (No. _____) St. _____ Ward _____

FULL NAME Mollie Bell Bunnell

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

White

Married

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

Arthur Bunnell

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

Dec 15-1877

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

52

6

17

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)

Henry County Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Jesse Maize

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ill.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Emily Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Arthur Bunnell
Lancaster Mo

15. FILED

July 4 1930

W. J. Justice

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)

July 2nd 1930

17.

I HEREBY CERTIFY, That I attended deceased from July 2nd 1930 that I last saw him alive on July 2nd 1930 and that death occurred, on the date stated above, at about 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Poisoning

131
132 B

CONTRIBUTORY (SECONDARY)

Interstital Nephritis
alt 9
alt 11 yrs 8 mos

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Chas. E. Drake, M. D.

, 19 (Address) Lancaster

*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

9007 Cemetery July 4 1930

20. UNDERTAKER

ADDRESS

John W. A. Roberts Lancaster Mo.

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.

26 1930

