

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

Do not use this space.

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FEB 18 1931

**PLACE OF DEATH**

County Cass  
Township Goldwater  
City Drexel

Registration District No. 157  
Primary Registration District No. 4085

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

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. (If nonresident, give city or town and State)

Leroy Bundy

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 2nd - 1931

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1927, to Jan 2, 1931 that I last saw h. c. f. alive on Jan 6, 1931, and that death occurred, on the date stated above, at 6:00 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec - 8 - 1847

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 0 24

Cerebral thrombosis & softening

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

CONTRIBUTORY (SECONDARY) Metral Regurgitation (duration) 3 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Or. Kell Mo. 1

18. WHERE WAS DISEASE CONTRACTED At Home

10. NAME OF FATHER Hardin Hainline

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) B. O. Hartwell M. D.

12. MAIDEN NAME OF MOTHER Sally Harmon

Jan - 3 - 1931 (Address) Drexel - Mo.

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

\*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 (Address) Mrs. C. D. Hainline Drexel - Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Freeman Mo. Cem. DATE OF BURIAL Jan - 4 - 1931

15. FILED 1-9-31 John S. Bundy REGISTRAR

20. UNDERTAKER W. Hays ADDRESS Drexel Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

