WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 24 1931

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

Do not use this space.

24254

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 737
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME James Bunch,
(a) Residence, No. 1521 Dewey Avenue, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1895

7. AGE: Years 36 — Months 0 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milling Co.
10. Date deceased last worked at this occupation (month and year) April 1931
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri,

FATHER
13. NAME George Bunch,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

MOTHER
15. MAIDEN NAME Delcina Parker,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County, Missouri,

17. INFORMANT (ADDRESS) Mrs. Jas. Bunch 1521 Dewey Avenue,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amazonia, Mo. DATE July 8th. 1931

19. UNDERTAKER (ADDRESS) Weston-Bethole & Bowman 319 S. 10th. St. Funeral Home

20. FILED JUL 7 1931 John K. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6th, 1931

22. I HEREBY CERTIFY, That I attended deceased from July-1st 1931, to July-6- 1931
I last saw him alive on July-6th 1931. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Adhesive Pericarditis — Date of onset Apr-15-31

Other contributory causes of importance:

Name of operation none — Date of —
What test confirmed diagnosis? autopsy — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Thomas L. Howden, M. D.
(Address) 407 Northfield Bldg.