

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.

NOV 28 1931

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

Do not use this space.

35660

1. PLACE OF DEATH

County St. Louis
Township U. S. Veterans
City Jefferson (No. 200)

Registration District No. 1123
Primary Registration District No. 6248B

File No. _____
Registered No. 393 St. _____ Ward _____

2. FULL NAME Daniel M. Bunning (Bunning)

(a) Residence, No. 4440 Kemmerly St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. 10 mos. 18 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

OCCUPATION	3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Separated</u>	
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>			
FATHER	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/10/1889</u>			
	7. AGE <u>41</u>	YEARS	MONTHS <u>10</u>	DAYS <u>6</u>
	IF LESS than 1 day, _____ hrs. or _____ min.			
MOTHER	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>1/1 Master</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>				
13. NAME <u>Hermon Bunning</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
15. MAIDEN NAME <u>Anna Shaffer</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>				
17. INFORMANT <u>Charles G. Kelley</u> (ADDRESS) <u>1416 N. Taylor St. Louis Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>10/27/31</u>				
19. UNDERTAKER <u>Kelley & Kelley</u> (ADDRESS) <u>1416 N. Taylor St. Louis Mo.</u>				
20. FILED <u>Oct. 25, 1931</u> <u>L. C. Obrode</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/24/31, 19 _____

22. I HEREBY CERTIFY, That I attended deceased from 5/6/31, 19 _____ to 10/24/31, 19 _____
I last saw him alive on 5/6/31, 19 _____ Death is said to have occurred on the date stated above, at 2:05 PM
The principal cause of death and related causes of importance were as follows:
General Paralysis of Brain
X's
85
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis abundant Was there an autopsy? _____

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) D. Clayton Officer, M. D.
(Address) St. Vincent Hospital
Jefferson Avenue Mo.

