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

Do not use this space.
40285
40195

1. PLACE OF DEATH
County Caldwell, Registration District No. 92 File No.
Township -Davis, Primary Registration District No. 4056 Registered No. 21
City Braymer, (No. , St. Ward)

2. FULL NAME Bertha E. Bunch,
(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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female,
4. COLOR OR RACE White,
5. [redacted] MARRIED, [redacted] (write the word) Married,
5A. IF MARRIED, [redacted] (OR) WIFE OF H. W. Bunch,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb.-25th.-1880
7. AGE YEARS 51 MONTHS 9 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work,
10. Date deceased last worked at this occupation (month and year) Sept.-1931
11. Total time (years) spent in this occupation 40-yrs.

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

FATHER
13. NAME Henry Eichler,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

MOTHER
15. MAIDEN NAME Mary J. Oster,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) H. W. Bunch Braymer, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen Cemetery DATE -Dec.-17" 1931
19. UNDERTAKER (ADDRESS) E. P. Michael Braymer, Mo.
20. FILED Dec 17 1931 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15 1931
22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1931, to Dec 15, 1931
I last saw her alive on Dec 15, 1931 Death is said to have occurred on the date stated above, at 1045 P.M.
The principal cause of death and related causes of importance were as follows:
Broken Compensation Aortic-Insufficiency
Date of onset
Other contributory causes of importance:
Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury , 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Cardinal B. Hoolsey, M. D.
(Address) Braymer Mo

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

MARGIN RESERVED FOR BINDING

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.

JAN 19 1932

V. S. NO. 2.

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