

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

Do not use this space.

14965

1. PLACE OF DEATH

98 County Schuyler
4 Township
2 City Lancaster (No. 4484)

Registration District No. 805
Primary Registration District No. 4484

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Sora N. 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 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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1854

7. AGE YEARS 78 MONTHS 0 DAYS 6 if LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Ill. 2

13. NAME Jason Witterman Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

15. MAIDEN NAME Eliza Corse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Chas. W. Bunch
Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. O. F. Cemetery DATE Apr. 17, 1932

19. UNDERTAKER (ADDRESS) John A. Roberts
Lancaster, Mo.

20. FILED Apr 18, 1932 H. J. Guebe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Apr 15, 1932.
I last saw him alive on Apr 15, 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic valvular heart disease

Date of onset More than 50 yrs. ago.

Other contributory causes of importance: 1

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) H. J. Guebe M. D.

(Address) Lancaster, Mo.

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.

MAY 28 1932

