

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

Do not use this space.

24710

**1. PLACE OF DEATH**

County..... Registration District No. *789L*  
Township..... Primary Registration District No. *100B*  
City *St Louis* No. *2910* *Laclede*

File No.....  
Registered No. *6855*  
St..... Ward)

**2. FULL NAME**

*Bella Bunbar*  
(a) Residence. No. *2910 Laclede* St., *18* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. *4* mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *George Bunbar*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *1884*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*about 48*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *House wife*  
(b) General nature of industry, business, or establishment in which employed (or employer) *235*  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St Louis, Mo*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Unknown*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *31*  
(STATE OR COUNTRY) *Unknown*

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT *George Bunbar*  
(Address) *2910 Laclede*

15. FILED *JUL 24 1932* *My O Standen*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 19* 19 *32*

17. I HEREBY CERTIFY, That I attended deceased from *June 1* 19 *32* to *July 19* 19 *32* that I last saw her alive on *July 18* 19 *32* and that death occurred, on the date stated above, at *10 a.m.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Causes of the liver*  
*4-6* (duration) yrs. *3* mos. da.  
*23A*

CONTRIBUTORY (SECONDARY) *Tuberculosis of the lungs*  
(duration) yrs. *4* mos. da.

18. WHERE WAS DISEASE CONTRACTED *Home*  
IF NOT AT PLACE OF DEATH. *1*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *0*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *Auscultation & Percussion*

(Signed) *John Paul Bremner* M. D.  
*7/19 1932* (Address) *31432 Franklin Ave*

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Washington Park* DATE OF BURIAL *July 24 1932*

20. UNDERTAKER *J W Hughes* ADDRESS *2620 Lawler*

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.

