

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

Do not use this space.

30196

**1. PLACE OF DEATH**

94 County St. Francis  
Township ""  
City Near Farmington (No. 7)

Registration District No. 773  
Primary Registration District No. 6018A

File No. \_\_\_\_\_  
Registered No. 100 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Nattie M. Bunting

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) St. Louis mo (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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nays Bunting</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13 - 1881</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>1</u>
		DAYS <u>22</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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>		
FATHER	13. NAME <u>H. H. Oberholman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis mo</u>	
MOTHER	15. MAIDEN NAME <u>Louise Richard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis mo</u>	
17. INFORMANT (ADDRESS) <u>Hospital Records, St. Joseph, Farmington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>Sept 5 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Kron Undertaking Co. St. Louis mo</u>		
20. FILED <u>Sept 5 1932</u> <u>F. J. Robinson</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

22

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5 - 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at about 5th pt.

The principal cause of death and related causes of importance were as follows:  
Hanging; suicide

Date of onset

1103  
84 / 65 (2)

Other contributory causes of importance:  
Evolution of melancholia.  
One suicide

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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? suicide Date of injury 9-5-, 1932  
Where did injury occur? Clothes Closet  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. St. Joseph mo 4, Farmington

Manner of injury Hanging with a red cloth M.  
Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) R. P. Lester Coroner, M. D.  
(Address) Wesloge 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.

OCT 28 1932

