

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

Do not use this space.

40648

1. PLACE OF DEATH

County Linn
Township ~~Jefferson~~
City Jefferson (No. _____) St. _____ Ward _____

Registration District No. 496
Primary Registration District No. 3025

File No. _____
Registered No. _____

2. FULL NAME

Elizabeth Edna Bundie

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Brookfield Hospital

(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

MEDICAL CERTIFICATE OF DEATH

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 Eduard L. Bundie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1877

7. AGE YEARS 56 MONTHS 9 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Sullivan Co.

MOTHER 13. NAME Thomas Bundridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co.

15. MAIDEN NAME Eliza Long

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co.

17. INFORMANT Fred Frowhedge (ADDRESS) Laclede, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jenkins DATE Dec 17 1933

19. UNDERTAKER W. Thompson (ADDRESS) Laclede, Mo.

20. FILED 12/17/33 1933 J. H. Buear Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1933 to Dec 14, 1933
I last saw her alive on Dec 13, 1933 Death is said to have occurred on the date stated above, at 7:32 a.m.
The principal cause of death and related causes of importance were as follows:

Appendicitis
1918
1917
Other contributory causes of importance: 9 months

Date of case 1/23/33
12/10/33

Name of operation Laparotomy Date of 12/13/33
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? _____ 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) J. H. Buear, M. D.
(Address) Laclede Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

58
12/17/33
1934

