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

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

Do not use this space. B

1. PLACE OF DEATH
County Lawrence — Registration District No. 469 — File No. 1753-2
Township Lincoln — Primary Registration District No. 5630 — Registered No. 10
City Miller (No. 4252 St. Ward)

2. FULL NAME David Robert Bunlison
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Sarah Bunlison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-16-1857

7. AGE: YEARS 76 — MONTHS 7 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gunsmith
10. Date deceased last worked at this occupation (month and year) Y
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hempston Co. Ark.

FATHER
13. NAME Anon Bunlison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER
15. MAIDEN NAME Nancy Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Mrs Sarah Bunlison Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shilo DATE 1-6-1934

19. UNDERTAKER (ADDRESS) Morris & Leiman Miller Mo

20. FILED 4-10 1934 W. S. Burney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1934 to 1-4, 1934
I last saw him alive on 1-1, 1934 Death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer of mouth — Date of onset

45

Other contributory causes of importance:

Name of operation Elm. Symptoms Date of
What test confirmed diagnosis? Was there an autopsy? 2

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) W. S. Burney, M. D.
(Address) Miller Mo