

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

Do not use this space.

APR 25 1934

**1. PLACE OF DEATH**

County Shelby Registration District No. 677  
Township Rolla Primary Registration District No. 4403  
City Rolla (No. ....) St. .... Ward)

File No. 10000B  
Registered No. 37

**2. FULL NAME**

(a) Residence, No. Newburg mo 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 <u>M</u>	4. COLOR OR RACE <u>Wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>		
7. AGE	YEARS	MONTHS
	<u>17</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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>Vichy mo</u>		
MOTHER	13. NAME <u>James Bunton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vichy mo</u>	
	15. MAIDEN NAME <u>Lucy Foster</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vichy mo</u>		
17. INFORMANT <u>James Bunton</u> (ADDRESS) <u>Newburg mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Clair</u> DATE <u>3/27/34</u>		
19. UNDERTAKER <u>Lee Johnson</u> (ADDRESS) <u>Newburg, mo.</u>		
20. FILED <u>Mar 27 1934</u> <u>Jos. F. Rogers</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25/34 . 1934

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1934, to March 25, 1934  
I last saw him alive on March 24, 1934. Death is said to have occurred on the date stated above, at 2:35 A. M.  
The principal cause of death and related causes of importance were as follows:  
General Peritonitis from obstruction of a part of jejunum through a loop made by a diverticula of Meckel and the jejunum

Other contributory causes of importance:  
None

Name of operation exploratory Date of 1934  
What best 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) Dr. Robert McFarland M. D.  
(Address) Rolla mo

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.

PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

~~HA~~ ✓

⑤