

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

Do not use this space.

11751

**1. PLACE OF DEATH**

County North  
Township Union  
City Grant City (No. \_\_\_\_\_)

Registration District No. 904  
Primary Registration District No. 6215

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

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah Bunker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 3 15

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) Month of 1925 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

FATHER  
13. NAME John Bunker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER  
15. MAIDEN NAME Hannah Bunker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) James Bunker Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City DATE 3/6 1934

19. UNDERTAKER (ADDRESS) Frank C. Dumble Grant City Mo.

20. FILED March 10, 1934 Max H. Bond Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 1933 to March 4 1934  
I last saw him alive on March 1 1934 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Hypostatic pneumonia - Date of onset 2-29-34

Other contributory causes of importance: Fractured hip (right) Oct 20 33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physicist's report Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Yes 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 Yes  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) B. J. Huse MD M. D.  
(Address) Grant City 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.

APP 25 1934



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Worth  
Township Union  
City..... (No..... St..... Ward.....)

Registration District No. 904  
Primary Registration District No. 6215

File No.....  
Registered No.....

**2. FULL NAME**

(a) Residence, No. .... St., ..... Ward.....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

John Barker

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED March 10, 1934 Mrs. O. H. Bond Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Hypertensive Inflammation Date of onset

Other contributory causes of importance:

Fractured hip at surgical neck 10/20/33

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10-20-1933

Where did injury occur? Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell out of bed  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) D. H. Magee, M. D.  
(Address) Winkley

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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