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.

JUN 26 1934

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

Do not use this space.

1. PLACE OF DEATH
County St Louis
Township Carondelet
City Koch
Registration District No. 1123
Primary Registration District No. 6248B
File No. 19059
Registered No. 162
(No. ..... St. ..... Ward)

2. FULL NAME Tom Bunyan
(a) Residence, No. 5033 Steffans St., ... Ward. St Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. — mos. 28 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1875
7. AGE YEARS 58 MONTHS 11 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hauling
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER
13. NAME Tom Bunyan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mary Buckley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Robt. Koch Hospital record
18. BURIAL, CREMATION, OR REMOVAL PLACE White Water Mo DATE May 18 1934
19. UNDERTAKER (ADDRESS) Wm B. Maydell 1926 Allen
20. FILED 5-18 1934 R F Tate M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to May 18, 1934
I last saw him alive on May 13, 1934 Death is said to have occurred on the date stated above, at 9 05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Air Embolus following Therapeutic Pneumothorax 23A 1108	5-18-34

Other contributory causes of importance:

Pulmonary Tuberculosis	Oct 1931

Name of operation Therapeutic Pneumothorax Date of 5/18/34
What test confirmed diagnosis? — Was there an autopsy? yes

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) Paul Murphy, M. D.
(Address) Koch Mo