





**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 Sullivan  
Township Taylor  
City          (No.         )

Registration District No. 85-1  
Primary Registration District No. 6119

File No.           
Registered No. 21  
St.          Ward         

**2. FULL NAME**

(a) Residence, No. Donald Ray Baunyer 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)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-14-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 2 4

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) Sullivan, Co. (STATE OR COUNTRY)

FATHER 13. NAME Tay E. Baunyer

14. BIRTHPLACE (CITY OR TOWN) Linn Co. Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Pargall

16. BIRTHPLACE (CITY OR TOWN) Chittenden Co. Vt. (STATE OR COUNTRY)

17. INFORMANT Lloyd E. Baunyer (ADDRESS) Lawrence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE Sept. 19th 1934

19. UNDERTAKER C. F. Robertson (ADDRESS) Lawrence, Mo.

20. FILED          19         (Cordelia Shores) Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-18-1934

22. I HEREBY CERTIFY, That I attended deceased from          to         , 1934

I last saw h.          alive on         , 1934 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:

Acute Gastric Enteritis Date of onset Sept 9th  
+ Paratyphoid

I don't know what caused the 1934  
suppurative Parotitis

Other contributory causes of importance:

was no history nor indication  
of mumps apparently some  
metastatic infection

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?          Date of injury         , 1934

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) E. J. Mairal M. D.

(Address) Trenton Mo.

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

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

JAN 3 1 1935

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