

FFH 3 B 1935

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

Do not use this space.

840

1. PLACE OF DEATH
County Franklin Registration District No. 300
Township Lynn Primary Registration District No. 3417
City (No. St. Ward)

2. FULL NAME John Bunge
(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charlotte Bunge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 1 - 1867</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>1</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 <u>all</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blana Mo</u>		
MOTHER	13. NAME <u>Lukas Bunge</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Mary Whitehead</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Walter Bunge</u> <u>Washington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fort Meador</u> DATE <u>1-27</u> <u>1935</u>		
19. UNDERTAKER (ADDRESS) <u>Carl Gustafson</u> <u>North Lynn</u>		
20. FILED <u>1/27</u> 19 <u>35</u> <u>J. H. Matthews</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1935

22. I HEREBY CERTIFY that I attended deceased from Jan 1 1934 to Jan 24 1935
I last saw him alive on Jan 10 1935 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Other contributory causes of importance:
None

Date of onset	<u>Not known</u>
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Name of operation None Date of operation _____
What test confirmed diagnosis? None 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? No
If so, specify _____
(Signed) J. H. Matthews, M. D.
(Address) Beaufort 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.

JUL 26 1948

APR 20 1948