

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.

OCT 17 1935

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

Do not use this space.

28855

1. PLACE OF DEATH

County Caldwell,  
Township Davis,  
City Braymer, (No. H. B. Cooper Home,)

Registration District No. 93  
Primary Registration District No. 4055

File No. ....  
Registered No. 26 St. .... Ward)

2. FULL NAME Henry Watson Bunch,

(a) Residence, No. .... St., 2nd., 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 Male 4. COLOR OR RACE White, 5. ~~WIDOWED~~ Widowed,  
(write the word)

5A. IF ~~WIDOWED~~ WIDOWED,  
HUSBAND OF Bertha E. Bunch,  
(OR) ~~OF~~ OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-11th.-1877

|        |           |          |           |  |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, ..... hrs. or ..... min. |
|        | <u>58</u> | <u>2</u> | <u>14</u> |  |

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. Farming,  
10. Date deceased last worked at this occupation (month and year) Summer 1935 11. Total time (years) spent in this occupation 50-yr.

12. BIRTHPLACE (CITY OR TOWN) Carroll County,  
(STATE OR COUNTRY) MO.,

FATHER  
13. NAME Humphrey Bunch,

14. BIRTHPLACE (CITY OR TOWN) Not Known,  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Julia A. Wooden,

16. BIRTHPLACE (CITY OR TOWN) Not Known,  
(STATE OR COUNTRY)

17. INFORMANT Miss Doolley Bunch  
(ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Evergreen Cemetery - Sept. 27 - 35

19. UNDERTAKER E. R. McKeel  
(ADDRESS) Braymer, Mo.

20. FILED Sept 27, 1935 H. H. Patterson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1934, to Sept 15, 1935  
I last saw him live on Sept 25, 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:

pernicious anemia  
MO  
Other contributory causes of importance:

Date of onset not known

Name of operation none Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Henry H. Patterson, M. D.  
(Address) Braymer, Mo

1935-6-11  
1877-7-11  
14

APR 4 1938