

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

Do not use this space.

OCT 22 1935

29210

1. PLACE OF DEATH

31 County Gasconade
Township Brushcreek
City Gasconade (No. 100)

Registration District No. 305
Primary Registration District No. 5423

File No. 76
Registered No. 76
St. Gasconade Ward 1

2. FULL NAME

(a) Residence, No. Cuba, Mo.
(Usual place of abode) R. F. D. No. 1

St. Gasconade Ward 1
(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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba, Mo.
R. F. D. No. 1

13. NAME Lee Oscar Bunton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade, Mo.

15. MAIDEN NAME Emma Haynes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James, Mo.

17. INFORMANT Lee Bunton
(ADDRESS) Cuba, Mo. R. F. D. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Warren Cemetery DATE 9-29 1935

19. UNDERTAKER None
(ADDRESS)

20. FILED 9-30 1935 J. J. Ferrell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-35 1935

22. I HEREBY CERTIFY That I attended deceased from July 17th 1935 to July 20th 1935
I last saw him alive on Sept 24th 1935 Death is said to have occurred on the date stated above, at 3:06 a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset July 1935

Massive dehydration

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? Chills Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None 1935
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) J. J. Ferrell M. D.
(Address) Cuba, Mo.

