

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 18 1935

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

Do not use this space.

31748

1. PLACE OF DEATH

County Andrew
Township Empire
City Farm. (No. _____, _____ St. _____ Ward)

Registration District No. 15
Primary Registration District No. 3018

File No. _____
Registered No. 14

2. FULL NAME John William Bunnell

(a) Residence, No. King City Mo. St. _____ Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malissa J. Bunnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 1 8

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.
10. Date deceased last worked at this occupation (month and year) Nov. 10, 1934 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

FATHER
13. NAME Nathaniel Bunnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ted Bunnell
(ADDRESS) King City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE King City Mo. DATE Oct. 30, 1935

19. UNDERTAKER R. G. Taggart
(ADDRESS) King City, Mo.

20. FILED Nov 4 1935 Mrs E. E. Jefferson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 35 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1934 to Oct 28 1935
I last saw him alive on Sept 10 1935. Death is said to have occurred on the date stated above, at 2:25 P. M.
The principal cause of death and related causes of importance were as follows:

Diabetic coma
Date of onset
59
Other contributory causes of importance:
Cerebral Sclerosis

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 _____, 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? _____
If so, specify H. E. Blacklock
(Signed) _____, M. D.
(Address) King City, 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.

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