

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.

FEB 19 1936

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

Do not use this space.

1889

1. PLACE OF DEATH

County Laclede Registration District No. 449
Township _____ Primary Registration District No. 4267
City Lebanon (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Wright Bungardner
(a) Residence, No. 2ra mo St. _____ Ward _____
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 14 1908</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>4</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>wood cutter</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>2ra mo</u> <u>Laurens</u>		
13. NAME <u>George Bungardner</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>wa.</u>		
15. MAIDEN NAME <u>Vicy Cheels</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>wa.</u>		
17. INFORMANT <u>Brother Dave Bungardner</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>2ra</u> DATE <u>Jan 9 1936</u>		
19. UNDERTAKER <u>Elmer Holman</u> (ADDRESS)		
20. FILED <u>1-9-36</u> <u>J. A. McComb</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8-9 P.M. 1936 to 11 P.M. Jan 8, 1936
I last saw him alive on Jan 8, 1936 Death is said to have occurred on the date stated above, at 11:15 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset _____

Other contributory causes of importance:
Basilar Fracture

Name of operation none 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? accident Date of injury 1-8- 1936
Where did injury occur? chgo, mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
industry

Manner of injury fall on head
Nature of injury fracture skull

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify wood cutter
(Signed) H. A. Hamilton, M. D.
(Address) Lebanon, Mo

