MAR 14 1936

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

Do not use this space.

4678

1. PLACE OF DEATH

County Buchanan, Registration District No. 85 File No.

Township Primary Registration District No. 1 Registered No. 222

City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME Hazel Goff Bunker,

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

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Felame	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred G. Bunker,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 12, 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	33	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) February 1936

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth County, Missouri,

FATHER

13. NAME Edward F. Goff,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth County, Missouri,

MOTHER

15. MAIDEN NAME Etta Shipley,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth County, Missouri,

17. INFORMANT (ADDRESS) Fred G. Bunker Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City, Mo. DATE Feb'y 19, 1936

19. UNDERTAKER (ADDRESS) Heaton-Bigole-Bowman 319 So. 10th. St. Funeral Home

20. FILED FEB 19 1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936 to Feb. 17, 1936

I last saw her alive on Feb. 17, 1936. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia general	Feb.
Endocarditis	8.

1946

Other contributory causes of importance:

acute infection rt. hand & fore arm, Infection little finger. Jan 30/36

Name of operation Incision & drainage Date of Feb. 15

What test confirmed diagnosis? Blood culture 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) H. S. Conrad, M. D.

(Address) St Joseph, 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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1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 222
City St Joseph Mo (No. ..... St. ..... Ward)

2. FULL NAME Hazel Goff Bunker
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE — YEARS: 33 — MONTHS: 1 — DAYS: 5 — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 4-1- 1936 John R Bender Registrar

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1946-1	

Other contributory causes of importance:
Acute infection rt hand & fore arm
Infection little finger

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 Unk, 19.....
Where did injury occur? unknown
(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 unknown

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. S. Conrad, M. D.
(Address) St Joseph Mo

S-4678