

MAY 19 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14350

1. PLACE OF DEATH

County Sander
Township Stoutland
City Stoutland (No. 5170 B)

Registration District No. 275

Primary Registration District No. 5170 B

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow John A Bunk</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14 1882</u>		
7. AGE <u>53</u>	YEARS <u>4</u>	MONTHS <u>1</u>
DAYS <u>1</u>		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year) <u>1935</u>
	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) Laclede Co. Mo.
(STATE OR COUNTRY)

13. NAME James Wesley Wilson

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

15. MAIDEN NAME Willie Ann Kippay

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

17. INFORMANT Sum Bunk
(ADDRESS) Stoutland Mo

18. BURIAL, CREMATION, OR REMOVAL Stoutland Mo
PLACE Stoutland Mo DATE 4/16/1936

19. UNDERTAKER R B Depp
(ADDRESS) Stoutland Mo

20. FILED April 22 19 H O Bunk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2 1935 to 4-15 1936
Last seen alive on 3-20 1936. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of breast
was operated on
but returned
multiple

Date of onset
9 years
ago

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? Biopsy 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? _____

If so, specify _____

(Signed) L. E. Carter, M. D.

(Address) Stoutland

