

FEB 16 1937

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

Do not use this space.

618

1. PLACE OF DEATH

County Clay

Registration District No. 198

File No. 9

2. Township

City Excelsior Springs

Primary Registration District No. 3011

Registered No.

St. _____ Ward _____

2. FULL NAME Dora Francis Bunch

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1937

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

22. I HEREBY CERTIFY that I attended deceased from Jan 11, 1937 to Jan 16, 1937. I last saw her alive on Jan 16, 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1917

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

7. AGE YEARS 19 MONTHS 05 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

Virremia & myocenths 1-12-37

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

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

Other contributory causes of importance: Scarlet Fever Jan 10-1937

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

13. NAME William Bunch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville Mo.

15. MAIDEN NAME Eva May Painter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo.

17. INFORMANT William Bunch (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE Jan 17, 1937

19. UNDERTAKER E. H. Hymann (ADDRESS) Richmond Mo.

20. FILED Jan 16, 1937 Loraine McCracken Registrar

Name of operation Open Date of _____

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) Y. D. Channon, M. D. (Address) Excelsior Springs Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

