

MAR 26 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Stone
 Township Wagoner
 City (No. St. Ward)

Registration District No. 843
 Primary Registration District No. 6106

File No. 9130
 Registered No.

2. FULL NAME

David 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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 0 8

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

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) Wagoner Mo

13. NAME G. W. Bunch

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

15. MAIDEN NAME Mary J. Simpson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Mo

17. INFORMANT W. D. Crabtree
 (ADDRESS) Galena Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Galena Cem DATE Feb 20, 1937

19. UNDERTAKER W. E. Tilton
 (ADDRESS) Crane Mo

20. FILED Feb 19, 1937 Mellie Bromley
 (Address) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1937

22. I HEREBY CERTIFY. That I attended deceased from Jan 1, 1937, to Feb 15, 1937

I last saw him alive on Feb - 17, 1937 Death is said

to have occurred on the date stated above, at 7:30 a. m.

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

Suppless Tendency

Date of onset 1925

34

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Blind 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) M. D.

(Address)

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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