

AUG 24 1937

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

Do not use this space.

27412

1. PLACE OF DEATH

4858

County Jackson  
Township Blue  
City Independence (No. ....)

Registration District No. 399  
Primary Registration District No. 3019

File No. ....  
Registered No. 253  
St. .... Ward)

2. FULL NAME Edward G. A. Bunyar

(a) Residence, No. 1417 N Main St 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1866

7. AGE YEARS 72 MONTHS - DAYS 5 If LESS than 1 day, .... hrs. or .... min.

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

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

10. Date deceased last worked at this occupation (month and year) July 5 1937 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maidstone Kent Co England

13. NAME Edward Bunyar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maidstone Kent Co England

15. MAIDEN NAME Emily Louise Abbott

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

17. INFORMANT (ADDRESS) Mrs. Robert Hood 117 E Pacific

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE July 31 1937

19. UNDERTAKER (ADDRESS) Ott & Mitchell Independence, Mo

20. FILED 8-7 1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19 1937 to July 29 1937. I last saw him alive on July 29 1937. Death is said to have occurred on the date stated above, at 3 P m.

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

Cerebral hemorrhage

Date of onset May 19 1937

Other contributory causes of importance: Cardiovascular renal disease

Name of operation None Date of .... What test confirmed diagnosis clinical. 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) G. Allen, M. D. (Address) Independence, Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

120  
OCCUPATION  
MOTHER  
FATHER  
XX

