

SEP 16 1937

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

Do not use this space.

30531

1. PLACE OF DEATH

County *Cass*  
Township *Marquette*  
City *Cuba Mo*

Registration District No. *231*  
Primary Registration District No. *5314*

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Orville Lee Bunton*

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 11 - 1894*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*43 2 3*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*  
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) *Yonkers Co*

FATHER 13. NAME *Wm. Bunton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Peru*

MOTHER 15. MAIDEN NAME *Lizzie Carroll*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Franklin Co*

17. INFORMANT (ADDRESS) *Allen Bunton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Hill* DATE *8/16/1937*

19. UNDERTAKER (ADDRESS) *James C. Hibbs*

20. FILED *9-9-37* *Hibbs* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8/14/1937*

22. I HEREBY CERTIFY, That I attended deceased from *May 15*, 19*37*, to *Aug 14*, 19*37*  
last saw *alive* on *Aug 14*, 19*37*. 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:

*Thrombosis of liver*  
Other contributory causes of importance: *none*

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 \_\_\_\_\_, 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 *None*  
(Signed) *H. J. Hibbs*, M. D.  
(Address) *Cuba 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.

WHILE FATHER WITH RECORDING INVA—THIS IS A PERMANENT RECORD

