

SEP 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair
Township Clark Level
City Osceola R. R. (No.)

Registration District No. 763
Primary Registration District No. 6006

File No. 31632
Registered No. 16
St. Ward)

2. FULL NAME

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 91 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-17-1846

7. AGE YEARS 91 MONTHS 3 DAYS 24 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co., Mo.13. NAME Wm. Bunch14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME May Robinson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT Wm. Bunch (ADDRESS) Loury City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Loury City DATE 9-1 193719. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton, Mo.20. FILED Aug 9, 1937 Sophia A. Stratton Registrar (Address) Loury City, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 2:00 p. m.

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

No medical attendance Date of onsetOther contributory causes of importance: Old age

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

(Signed) Sophia A. Stratton(Address) Loury City, Mo.

