

DEC 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Cass Registration District No. 156  
Township Grand River Primary Registration District No. 4090  
City Harrisonville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 40938  
Registered No. 91

## 2. FULL NAME

(a) Residence, No. Baley Burger St. \_\_\_\_\_ Ward. Belton, Mo  
(Usual place of abode) 206 Walnut  
(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 <u>Female</u>	4. COLOR OR RACE <u>AM</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 20, 1937</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville, Mo

13. NAME WAYNE ELLIS BUNGER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GARDEN CITY, MO

15. MAIDEN NAME ROSABEE FITZGERALD BUNGER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BELTON MO

17. INFORMANT (ADDRESS) Mrs Rosabee Burger  
Belton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Family DATE Nov 20 37

19. UNDERTAKER (ADDRESS) W. G. Griffith  
206 Walnut

20. FILED Dec 1 37 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1937, 19\_\_\_\_  
I last saw him alive on stillborn, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Spontaneous miniature labor Date of onset Nov 15, 37

Other contributory causes of importance:

Name of operation Birth Date of Nov 20, 1937  
What test confirmed diagnosis? \_\_\_\_\_ 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) W. G. Griffith, M. D.  
(Address) Harrisonville, Mo

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

