

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

Do not use this space.

DEC 17 1937

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield Mo. 858 e. Elm File No. 41246
 Registered No. 1045 Ward _____

2. FULL NAME

(a) Residence, No. 858 e. Elm 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Lydia Bunch (Dec)
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 10 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 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) Orange Co. Missouri
 (STATE OR COUNTRY)

13. NAME Nathaniel Bunch

14. BIRTHPLACE (CITY OR TOWN) Lennexie
 (STATE OR COUNTRY)

15. MAIDEN NAME Nancy Keeling

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

17. INFORMANT (ADDRESS) Edward Bynon
Springfield Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Eastwood Bur. 4 DATE Nov. 4 1937

19. UNDERTAKER (ADDRESS) Alma Spruys
Springfield Mo.

20. FILED Nov 4 1937 Chas. C. George
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1937, to Nov 2 1937

I last saw him alive on Nov 2 1937. Death is said to have occurred on the date stated above, at 6:20 p.m.

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

Chd Myocarditis

Other contributory causes of importance:

Angina Pectoris

Name of operation None Date of _____

What test confirmed diagnosis? Ex Was there an autopsy? Yes

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) J. L. Johnston, M. D.

(Address) 860 med. Arts Bldg Springfield

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.

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