

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

52 County Boyer
Township Shelton
City (No.)

Registration District No. 1029
Primary Registration District No. 5602

File No. 45779

Registered No.
St. Ward)

2. FULL NAME

Hollace Bunch

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1937

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1912

I last saw h..... alive on, 19, Death is said to have occurred on the date stated above, at 6.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25 0 13

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

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

Struck by lightning at the farm home of Jim Conchar and killed instantly.
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wintgan Mo

FATHER 13. NAME Willis Bunch

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bute Mo

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19

15. MAIDEN NAME Iva Belger

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Balam Mo

Manner of injury.....
Nature of injury.....

17. INFORMANT (ADDRESS) Willis Bunch, Highland Mo

24. Was disease or injury in any way related to occupation of deceased? If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE Youngstown Mo DATE Aug 6 37

(Signed) Keith Hudson, M. D.
(Address) Edina Mo

19. UNDERTAKER (ADDRESS) Keith Hudson

20. FILED Aug 5, 1937 Geo B Early Jr Registrar

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.

