

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.

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

Do not use this space.

REC'D MAR 15 1938

1. PLACE OF DEATH

County Cedar
Township Box
City Box (No. 5228)

Registration District No. 163
Primary Registration District No. 5228

File No. 6411
Registered No. 18
St. Box Ward Box

2. FULL NAME

Lydia V Bunker 526

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Andy Bunker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 19-1868</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>3</u>	DAYS <u>29</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>
	10. Date deceased last worked at this occupation (month and year) <u>Aug 1-1927</u>
	11. Total time (years) spent in this occupation

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

13. NAME Nicholas Tedford

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

15. MAIDEN NAME Rebecca Cleburning

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

17. INFORMANT Omer Bunker
(ADDRESS) Edwards Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazel Dell (Cem) DATE July 19, 1938

19. UNDERTAKER Swinn-Siders
(ADDRESS) Edwards Springs, Mo.

20. FILED 2-19- 1938 J. W. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1938, to Feb. 18, 1938
I last saw h. alive on Feb. 14, 1938 Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease
Date of onset 1/24

92 R -
Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1938

Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. B. Williams, M. D.
(Address) Edwards Springs, Mo.
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