

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 APR 27 1938

11339

1. PLACE OF DEATH:

County Franklin

Registration District No. 496

File No. _____

Township _____

Primary Registration District No. 3025

Registered No. 70

City Marionville (No. _____)

St. _____

Ward _____

2. FULL NAME Joseph D Bunch 520

(a) Residence, No. 228 E Clark St.

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. _____

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) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1865

7. AGE YEARS 72 MONTHS 9 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Mar 23-37 11. Total time (years) spent in this occupation 48 yrs

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

MOTHER FATHER 13. NAME James Bunch

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

15. MAIDEN NAME Anna Court

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

17. INFORMANT Milton Bunch (ADDRESS) 228 E Clark St

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE May 11 1938

19. UNDERTAKER Hunter & Palmer (ADDRESS) Marionville

20. FILED April 9 38 Franklin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-6 1938 to 3-8 1938

I last saw him alive on 3-8 1938. Death is said to have occurred on the date stated above, at 7 A m.

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

Mesenteric thrombosis Date of onset 72 hrs

99%

Other contributory causes of importance: Arteriosclerosis - general

Name of operation Exploratory Date of 3/7/38

What test confirmed diagnosis? _____ 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? No

If so, specify _____

(Signed) Robert O. D. M. D.

(Address) Marionville Mo

