

REC'D MAR 20 1939

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

7071

Do not use this space.

## 1. PLACE OF DEATH

(a) County LINN Registration District No. 496  
(b) Township BROOKFIELD Primary Registration District No. 3026 Registered No. 12  
(c) City BROOKFIELD (d) Street No. BROOKFIELD HOSPITAL St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

530 HENRY THOMAS BUNDY  
(a) Residence, No. Buckner, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Alice Kimber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 10 19

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

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milburn Illinois

13. NAME Henry Bundy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

15. MAIDEN NAME Margaret Mc Credie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballaughshire Scotland

17. INFORMANT (ADDRESS) Sue Bundy Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cemetery Feb 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brook Funeral Home Brookfield, Mo.

20. FILED March 1, 1939 J. M. St. Lucas Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from

19....., to 19....., 19.....  
I last saw him alive on Jan 31, 1939 Death is said to have occurred on the date stated above, at 6:02 P.M.

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

Acute Bronchopneumonia and Acute Pericarditis

Date of onset Jan 27, 1939

Other contributory causes of importance:

Chf. Myocarditis with Gen. Splanchnic Nephrosis Unknown

Name of operation None Date of.....  
What test confirmed diagnosis? Clinical 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? No

If so, specify.....

(Signed) J. J. Evans M. D.

Brookfield, Mo. (Address)

RECEIVED

District Health Officer No. 10

District File Number 10-39-336

Date Filed MAR 3 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed H. B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.