

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

Do not use this space.

26251

1. PLACE OF DEATH

County Barry
Township Asdage
City (No. _____)

Registration District No. 348
Primary Registration District No. 5486

File No. _____
Registered No. 323
City _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>-</u>	<u>2</u>	<u>11</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) Hemp County, Mo.

13. NAME Geo. C. Bunch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hemp County, Missouri

15. MAIDEN NAME Martha M. Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hemp Co. Missouri

17. INFORMANT (ADDRESS) Geo. C. Bunch Brownington Mo. R#1

18. BURIAL, CREMATION, OR REMOVAL Alt Zion Cemetery DATE Aug 13 1933

19. UNDERTAKER (ADDRESS) C. A. Rickett Brownington Missouri

20. FILED Aug 13 1933 E. D. Taylor, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1933 to Aug 12 1933. I last saw him alive on Aug 12 1933. Death is said to have occurred on the date stated above, at 9 P.M.

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

arteriosclerosis
92A
92B

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

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) E. S. Shelton, M. D.
(Address) Louey City, Missouri

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.

SEP 26 1933

