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

Do not use this space.

5303

1. PLACE OF DEATH
County ADAIR — Registration District No. 4
Township — Primary Registration District No. 3001
City KIRKSVILLE MO (No. GRIM SMITH HOSPITAL St. Ward)

File No.
Registered No. 30

2. FULL NAME ~~XXXXXXX~~ J W BUNDY
(a) Residence. No. SOUTH EAST OF KIRKSVILLE 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.

MAP

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.

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: SINGLE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MARCH 17th 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~X29~~	78	10	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: FARMER
(b) General nature of industry, business, or establishment in which employed (or employer): STOCK & GRAIN
(c) Name of employer: SELF

9. BIRTHPLACE (CITY OR TOWN) WASHINGTON CO IND
(STATE OR COUNTRY) IND

PARENTS
10. NAME OF FATHER ALFRED BUNDY
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) IND
12. MAIDEN NAME OF MOTHER MARY E GREEN
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) IND

14. INFORMANT F Dawson
(Address) KIRKSVILLE MO

15. FILED 2/13, 1929 — Geo Becker Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929, to Feb 2, 1929, that I last saw h alive on Feb 2, 1929, and that death occurred, on the date stated above, at 10 35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Catarrhal Pneumonia
11A
107A
(duration) yrs. mos. 16 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L J Johnson, M. D
, 19 (Address) Kirksville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: FOREST PARK — DATE OF BURIAL 2-6 1929

20. UNDERTAKER Davis & Wilson — ADDRESS Kirksville

1929- 2- 2
1850- 8 17

78- 10- 15