MAY 27 1930

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

Do not use this space.

9539

1. PLACE OF DEATH
County: Miller
Township: Franklin
City: ..... (No. ..... St. ..... Ward)
Registration District No.: 561
Primary Registration District No.: 5756
File No.:
Registered No.: 28

2. FULL NAME: Goldie M Bunch
(a) Residence. No. ..... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
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
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 9. 1910
7. AGE: Years 19 | Months 4 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Miller Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: George M Bunch
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Miller Co
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Cora M Strange
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Miller Co
(STATE OR COUNTRY): Mo

14. INFORMANT: Geo M Bunch
(Address): Eldon. Mo

15. FILED 3-18, 1930 Belle Haynes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 10 1930
17. I HEREBY CERTIFY, That I attended deceased from Mch 5, 1930, to Mch 10, 1930, that I last saw h. alive on Mch 5, 1930, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
107 A
85
..... (duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (SECONDARY): Epilepsy Mal nutrition
..... (duration) 15 yrs. ..... mos. ..... 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) E C Shelton, M. D.
, 19 (Address) Eldon 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: Eldon. Mo - Dooley Cem
DATE OF BURIAL: 3-11 1930
20. UNDERTAKER: W A Phillips
ADDRESS: Eldon. Mo

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.