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

Do not use this space.

1. PLACE OF DEATH
County Macon — Registration District No. 526 — File No. 38254
Township Independence — Primary Registration District No. 5701 — Registered No.
City near Elmer (No. ..... St. ..... Ward)

2. FULL NAME LAWRENCE PAUL BUNCH
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15-1916
7. AGE 15 YEARS — MONTHS 2 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN) near Elmer
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Ernest Bunch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Elmer
(STATE OR COUNTRY) Macon Co Mo
12. MAIDEN NAME OF MOTHER Selma Thurston
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Kentucky

14. INFORMANT Ernest O'Guard
(Address) Elmer Mo.
15. FILED Dec 8, 1931 — A. L. Cambre MD, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-25 1931
17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1931, to Nov-25, 1931, that I last saw him alive on Nov-25, 1931, and that death occurred, on the date stated above, at 2:15 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Fever~~ Spinal
meningitis
11B
79A (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Fever
(duration) ..... 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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. W. H. Gooch, M. D
11-25, 1931 (Address) Elmer 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: Elmer Cemetery — DATE OF BURIAL: Nov-27-1931
20. UNDERTAKER: S. L. McDavitt — ADDRESS: Elmer Mo.

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.

V. S. No. ... SPACE RESERVED FOR BINDING