

MAY 19 1936

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

Do not use this space.

14542

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1. PLACE OF DEATH

County Clay

Registration District No. 201

Township Liberty

Primary Registration District No. 5280

City Liberty (No.)

St. Ward)

2. FULL NAME

Mrs Mary Jane Bandy

(a) Residence, No. North Home St. 64 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. O. Bandy

22. I HEREBY CERTIFY, That I attended deceased from Mich 15th 1936, to April 17th 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 1849

I last saw he alive on April 13 1936 Death is said to have occurred on the date stated above, at 8:45 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 86 4 26

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

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

Atherosclerosis. Bright disease - 1 hour

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellard County Mo

Other contributory causes of importance:

13. NAME Gillwaters

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME Carroll

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Where did injury occur?..... (Specify city or town, county, and State) .

17. INFORMANT (ADDRESS) Geo. L. Bandy

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 4-14 1936

Manner of injury..... Nature of injury.....

19. UNDERTAKER (ADDRESS) Hessel - Myers

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED H 16 1936 E. T. Brent Registrar.

If so, specify (Signed) R. E. Sevier M. D.

(Address) Liberty 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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

MAR 19 1958

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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Clay Registration District No. 901 File No. _____
Township _____ Primary Registration District No. 3012 Registered No. 34
City Liberty (No. _____, _____ St. _____ Ward _____)

2. FULL NAME

Mrs Mary Jane Bundy
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 4 26

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED 6/11, 196 ST Brant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

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

Arteriosclerosis, Bright's disease Date of onset _____

Other contributory causes of importance

Chronic Gas To old age.

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) R. E. Sevier, M. D.

(Address) Liberty 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.

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