

AUG 19 1937

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

Do not use this space.

26673

File No. _____
Registered No. **759**
St. _____ Ward _____

1. PLACE OF DEATH

County BuchananRegistration District No. 32

Township _____

Primary Registration District No. 107City St. Joseph(No. 654)

Carnegie

2. FULL NAME

(a) Residence, No. 6654 Carnegie

(Usual place of abode)

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. 7

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)

June 27, 1927

7. AGE

YEARS

0

MONTHS

0

DAYS

7

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Infant

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)

St. Joseph, Missouri

FATHER

13. NAME

Joseph C. Buntin

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

St. Joseph, Mo.

MOTHER

15. MAIDEN NAME

Ruth Murphy

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

St. Joseph, Missouri

17. INFORMANT (ADDRESS)

J. C. Buntin, 6654 Carnegie

18. BURIAL, CREMATION, OR REMOVAL

Cremated in Parkville, Mo. DATE July 5, 1937

19. UNDERTAKER (ADDRESS)

Black Undertakers, St. Joseph, Mo.

20. FILED

7/151937J. H. Nettles
Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 27, 1937, to July 4, 1937I last saw him alive on July 4, 1937. Death is saidto have occurred on the date stated above, at 1:30 P.M.

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

Premature birthnearly 7 mo. gestation
wt. 2 1/2 lbs.

Other contributory causes of importance:

malnutrition

Date of onset

Name of operation

none

Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no

If so, specify _____

(Signed) J. H. NettlesJ. H. Nettles

, M. D.

(Address) 6207 King Hill AveSt. Joseph, Mo.

N. B.—Every item of information should be carefully prepared. 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.

