

N. B.—Every item of information should be carefully supplied. AGE should be stated in years. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUN 17 1936

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

Do not use this space.

9143-2

1. PLACE OF DEATH

County *Barry* Registration District No. *29*
Township *Webbsford* Primary Registration District No. *5045 B*
City *Purdy Mo R2* (No. _____) St. _____ Ward _____

File No. _____
Registered No. *34*

2. FULL NAME

Edna Ann Bunting
(a) Residence, No. *Purdy Mo R2* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 5th* 19 *36*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Andie A. Bunting*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 25* 19 *36*, to *Mar 5* 19 *36*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 30th 86*

I last saw her alive on *Mar 5* 19 *36* Death is said to have occurred on the date stated above, at *1 A.* m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. *49 5 5*

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

Pneumonia Lobar

Date of onset

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

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 _____

Other contributory causes of importance _____

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

13. NAME *Tom Minnie*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Carroll Co Mo*

15. MAIDEN NAME *Prucia Emeline Woodard*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Carroll Co Mo*

17. INFORMANT (ADDRESS) *Andie A. Bunting Purdy Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE & DATE *Sparks Cemetery Feb 6th 1936*

19. UNDERTAKER (ADDRESS) *Home - Color Cassville Mo*

20. FILED *June 6, 1936* *John W. Newman* Registrar.

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) *Herbert H. Salzer* M. D.

(Address) *Cassville Mo*

