

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

PLACE OF DEATH  
County Pulaski  
Township Liberty  
or  
Village  
or  
City (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 712  
Primary Registration District No. 594/a

File No. 21382  
Registered No. 22

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED (If wife the word) Unknown

DATE OF BIRTH Unknown  
(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

AGE Unknown If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Unknown  
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

BIRTHPLACE (City or town, State or foreign country) Unknown

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. H. Jones Brown  
(ADDRESS) Richland Mo

Filed Aug 31 1921 Ernest A. Oliver REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH About Aug 29, 1921  
(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Came to death from a blow on head by Parties unknown 1911

Contributory (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Unknown

(Signed) Dr. H. Jones Brown M.D.  
Aug 30 1921 (Address) \_\_\_\_\_

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence: \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Richland Cemetery DATE OF BURIAL Sept Aug 31, 1921

UNDERTAKER W. H. Jones Richland Mo. ADDRESS \_\_\_\_\_

# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health  
Association)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid, *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Polaski  
Township Lebesque  
City Richland (No. \_\_\_\_\_)

Registration District No. 712  
Primary Registration District No. 5941A

File No. 273PB  
Registered No. 22  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Black Ala 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 <u>Male</u>		4. COLOR OR RACE <u>W.</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
7. AGE YEARS		MONTHS		DAYS	
<u>27 yrs old</u>				If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad Man</u>				
	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) <u>Pike Co Ala</u>					
FATHER	13. NAME <u>Jack Dunn</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>				
	15. MAIDEN NAME <u>Emma Triggs</u>				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co Ala</u>				
	17. INFORMANT (ADDRESS) <u>Jus. A. _____ Black Ala</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Black Ala</u> DATE _____ 19____					
19. UNDERTAKER (ADDRESS) <u>St. St. Jones - Richland Mo</u>					
20. FILED <u>Aug 31 1921</u> <u>C. A. Oliver</u> Registrar					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29 1921

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the \_\_\_\_\_ stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows: Came to his death from blow on head by parties unknown

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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 St. St. Jones - Coroner, M. D. (Signed) \_\_\_\_\_ (Address) Richland Mo.

**MISSOURI STATE BOARD OF HEALTH  
SUPPLEMENTARY**

**REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW**  
**WITH UNFADING INK--THIS IS A PERMANENT RECORD**  
**Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.**

IN SENATE,

January 10, 1912.

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR ENDING DECEMBER 31, 1911.

ALBANY:

THE UNIVERSITY OF THE STATE OF NEW YORK PRESS,

1912.

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

8-29-21  
ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Pulaski Registration District No. .... File No. 21382  
 Township Liberty Primary Registration District No. .... Registered No. 22  
 City Richland (No. ....) St. .... Ward) ....

2. FULL NAME Marvin B. Dunn  
 (a) Residence. No. Black, Ala. 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 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 yrs old

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Railroad man  
 (b) General nature of industry, business, or establishment in which employed (or employer) rr  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pike County, Ala.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Jack Dunn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgia  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emma Briggs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike County, Ala.  
 (STATE OR COUNTRY)

14. INFORMANT Gus Dunn, Black, Ala.  
 (Address)

15. FILED....., 19..... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29, 21 19

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Come to death from blow on head by parties unknown

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?.....  
 (Signed)....., M. D.  
 , 19 (Address)

\*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 Black, Ala. DATE OF BURIAL 19.....

20. UNDERTAKER W.H. J ADDRESS

WHITE PAIN! UNFADING INK---THIS IS A PERMANENT RECORD  
 Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION important.  
 CAUTION OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important.  
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

The following information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on the  
 subject of the above-captioned land. The land is situated in  
 the County of [County Name], State of [State Name]. The land  
 is described as follows: [Detailed description of the land, including  
 acreage, location, and any other relevant details]. The land is  
 owned by [Owner Name], who is the [Relationship] of [Parent Name].  
 The land was acquired by [Owner Name] on [Date]. The land is  
 currently being used for [Use]. The land is subject to the  
 following conditions: [List of conditions]. The land is being  
 offered for sale at a price of [Price]. The land is being  
 offered for sale on the following terms: [List of terms]. The  
 land is being offered for sale by [Seller Name]. The land is  
 being offered for sale through the [Method of sale]. The land  
 is being offered for sale to the highest bidder. The land is  
 being offered for sale on the following date: [Date]. The land  
 is being offered for sale at the following location: [Location].  
 The land is being offered for sale at the following time: [Time].  
 The land is being offered for sale at the following place: [Place].  
 The land is being offered for sale at the following address: [Address].  
 The land is being offered for sale at the following telephone number: [Telephone number].  
 The land is being offered for sale at the following fax number: [Fax number].  
 The land is being offered for sale at the following email address: [Email address].  
 The land is being offered for sale at the following website: [Website].  
 The land is being offered for sale at the following address: [Address].  
 The land is being offered for sale at the following telephone number: [Telephone number].  
 The land is being offered for sale at the following fax number: [Fax number].  
 The land is being offered for sale at the following email address: [Email address].  
 The land is being offered for sale at the following website: [Website].

STATE OF ALABAMA,

COUNTY OF GENEVA.

Personally appeared before me a Notary Public in and for the State and County aforesaid one Gus Dunn, of Black, Ala. who after being duly sworn says, that his Brother Marvin B. Dunn was killed near Richland, Mo. in August 1921, that he was buried in Richland Mo. cemetery by W.H. Jones, Undertaker of Richland, Mo. That his body was later removed and disinterred and reburied at Black, Ala. That the information furnished to Missouri Bureau of vital statistisctis is correct and true. Further affiant saith not.

*Gus Dunn*

Subscribed and sworn to before

me this the 25th day of April 1931.

*John W. Davis*

John W. Davis, Notary Public for

Geneva County, Ala.

21382

