

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

Do not use this space.

17635

1. PLACE OF DEATH

County Buchanan
Township Wayne
City St. Joseph Mo. (No. Wayne Township, Buchanan Co., Mo.)

Registration District No. 86

File No. 27

Primary Registration District No. 5128

Registered No. 27

2. FULL NAME Mabel Lant Dunham

(a) Residence. No. Westboro, Missouri.
(Usual place of abode)

St. Westboro, Missouri.

Ward. Westboro, Missouri.

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds.

How long in U.S., if of foreign birth? 1 yrs. 0 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

John Ronald Dunham

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

December 16, 1904

7. AGE

YEARS	MONTHS	DAYS
<u>22</u>	<u>5</u>	<u>27</u>

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employee) ✓

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Fairfax,

(STATE OR COUNTRY)

Missouri.

10. NAME OF FATHER

Harry E. Lant

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Henderson Co.

(STATE OR COUNTRY)

Illinois

12. MAIDEN NAME OF MOTHER

Una Snipes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Clinton,

(STATE OR COUNTRY)

Missouri.

INFORMANT

H. E. Lant,

(Address)

28 Linwood Terrace, K. C.

15. FILED

6-15-27

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13, 1927

17.

I HEREBY CERTIFY, That I attended deceased person June 13, 1927, to 1:15 A.M., and that I last saw her alive on June 13, 1927, at 1:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Traumatism, resulting from Broken Neck. Caused when Train struck automobile in which she was riding.

CONTRIBUTORY (SECONDARY)

Accident while at Memorial Highway Crossing 3 mi. south of City Burlington, Iowa

IF NOT AT PLACE OF DEATH

Did an operation precede death? no DATE OF 6-15-27

Was there an autopsy? yes

What test confirmed diagnosis? Post findings.

(Signed) W. H. Lant, Coroner M. D.

(Address) St. Joseph 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

DATE OF BURIAL

Westboro Mo

6-16 1927

20. UNDERTAKER

ADDRESS

Eleman, Fair

1208 Francis

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