WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.
38471

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11144

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. ....., ..... St. ..... Ward)

2. FULL NAME James Paul Dunn

(a) Residence No. 4950 Maple ave St., 5 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 27 1857

7. AGE: Years 70 | Months 9 | Days 14 | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): New York

PARENTS

10. NAME OF FATHER: James P Dunn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Ann Morrison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland

14. INFORMANT: Louise Dunn
(Address): 4950 Maple ave

15. FILED: 13 1927 19 Max C Starkcoff REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-~~12~~ 11 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec first, 1927, to Dec - 11 - 1927, that I last saw him alive on Dec-10, 1927, and that death occurred, on the date stated above, at 7:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Neurosis of Heart nerves
Heart stopped in dilatation
94
950 History (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): arterial sclerosis
History (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Chemical
(Signed) M J Hopkins, M. D
12-13-, 1927 (Address) 3756 Lindell

*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: St Peters
DATE OF BURIAL: Dec 14 1927

20. UNDERTAKER: J P Murrells Sons
ADDRESS: 1407 Market St