

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

Do not use this space.

MAR 21 1928

5758

1. PLACE OF DEATH

County Newton
Township Buffalo
City (No.) (St.) (Ward)

Registration District No. 611
Primary Registration District No. 5813

File No.
Registered No.

2. FULL NAME

Maisida Louise Dunaway

(a) Residence No. St. Mo. 3rd Ward

(Usual place of abode) Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) May 23-1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 | 8 | 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Pueblo
(STATE OR COUNTRY) Colorado

10. NAME OF FATHER Arch Dunaway

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

12. MAIDEN NAME OF MOTHER Vivian Ludiger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Arch. Dunaway
(Address) Seneca Mo. Route 1

15. FILED 3/1, 19 28 C. E. Norris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-2, 1928, to 2-7, 1928, that I last saw him alive on 2-6, 1928, and that death occurred, on the date stated above, at 2-45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

118 30 116
Acute nephritis
(duration) yrs. mos. da. 1 da.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. da. 6 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ...

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. C. Barnard M. D.
, 19 (Address) Seneca 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 Baptist Cemetery DATE OF BURIAL Feb. 8 1928

20. UNDERTAKER Peppers & Gallimore ADDRESS Seneca Mo.

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.

