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

Do not use this space.

25523

File No. 25523

Registered No. 7338

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. #1319 Temple Pl St. ..... Ward)

2. FULL NAME Julia Drew Dunn

(a) Residence. No. #1319 Temple Pl St. St Louis 6 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 Female

4. COLOR OR RACE White

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dunn.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15th 1848

7. AGE 79 YEARS | MONTHS 8 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) Public Schools.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Jacob Drew

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

12. MAIDEN NAME OF MOTHER Adillia Flan

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

14. INFORMANT Clarence Cowdery.
(Address) American Trust Co.

15. FILED JUL 15 1928 19.. Max C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13th 1928

17. I HEREBY CERTIFY, That I attended deceased from July 9th, 1928, to July 13th, 1928 that I last saw her alive on July 13th, 1928, and that death occurred, on the date stated above, at 4:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic Nephritis

170

1290 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Exposure to cold (duration) yrs. mos. 5 ds.

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

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urynalysis

(Signed) Homer E. Bailey, M. D

July 13, 1928 (Address) 201 City Club Bldg.

*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 Bellefontaine Fem | DATE OF BURIAL 7-16, 1928.

20. UNDERTAKER O. R. Lupton. | ADDRESS Olive Street #4449

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2.