

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.

22 1928

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

Do not use this space.

31044

1. PLACE OF DEATH

County Macon
Township N. Walnut
City Elmer (No.)

Registration District No. 530
Primary Registration District No. 5707

File No.
Registered No.
St. Ward)

2. FULL NAME

Elmer Roy Dunham

(a) Residence. No. 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 M 4. COLOR OR RACE Male 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 8-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
48 6 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work working on Pipe Line
(b) General nature of industry, business, or establishment in which employed (or employer) Eng.
(c) Name of employer Pirrie Pipe Line Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Spencer Dunham

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

12. MAIDEN NAME OF MOTHER Matty Jameson

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

14. INFORMANT Mrs. R.E. Dunham
(Address) Elmer, Mo.

15. FILED Nov. 12, 1928 Florence Patrick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 17 1928

17. I HEREBY CERTIFY, That I attended deceased from 17 Sept 1928 to 17 Sept 1928, and that I last saw him alive on 17 Sept 1928, and that death occurred, on the date stated above, at A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Stenosis
very short time

CONTRIBUTORY (SECONDARY)

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) W.H. Gough M. D.
, 19 (Address) Elmer 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
Wapello, Iowa Sept. 20 1928

20. UNDERTAKER ADDRESS
Clyde McCallum Elmer

