Hawkins
2 1928

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

Do not use this space.

33035

1. PLACE OF DEATH
County Chariton — Registration District No. 175 — File No.
Township — Primary Registration District No. 4104 — Registered No. 60
City Salisbury (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Ada Dunn
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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 W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James E Dunn
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-29-69
7. AGE Years 58 Months 11 Days 16 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none 8/10
(b) General nature of industry, business, or establishment in which employed (or employer) 1158
(c) Name of employer 3/2
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Geo W. Gravens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Christene Hershey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) My
14. INFORMANT Mrs. Susan Allega
(Address) Salisbury Mo
15. FILED 10/15 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-15 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 15, 1928, that I last saw her alive on Oct 15, 1928, and that death occurred, on the date stated above, at 8 30 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Progressive Paralysis
Probably of the Bulbar type
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Probably, septic from teeth
(duration) yrs. mos. ds.
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) [signature], M. D
10/15, 1928 (Address) Salisbury 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 Asbury Cemetery — DATE OF BURIAL 10-17 1928
20. UNDERTAKER Winkelmeyer Bro — ADDRESS Salisbury

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.