

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

Do not use this space.

37317

1. PLACE OF DEATH

County Jasper Registration District No. 415
 Township Harwood Primary Registration District No. 4247
 City Reeds, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Joan Dunkle

(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 18 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) — — 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>—</u>	<u>—</u>	

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) Bowers Mill, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Andrew Dunkle,

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

12. MAIDEN NAME OF MOTHER "Sis" Gould

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

14. INFORMANT Charles Dunkle,
 (Address) Reeds, Mo.

15. FILED 11/2, 1928 Geo. H. Bragdon
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1928, to Nov 11, 1928 that I last saw her alive on Nov 10, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Iles - Colitis
11/11/28 (duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

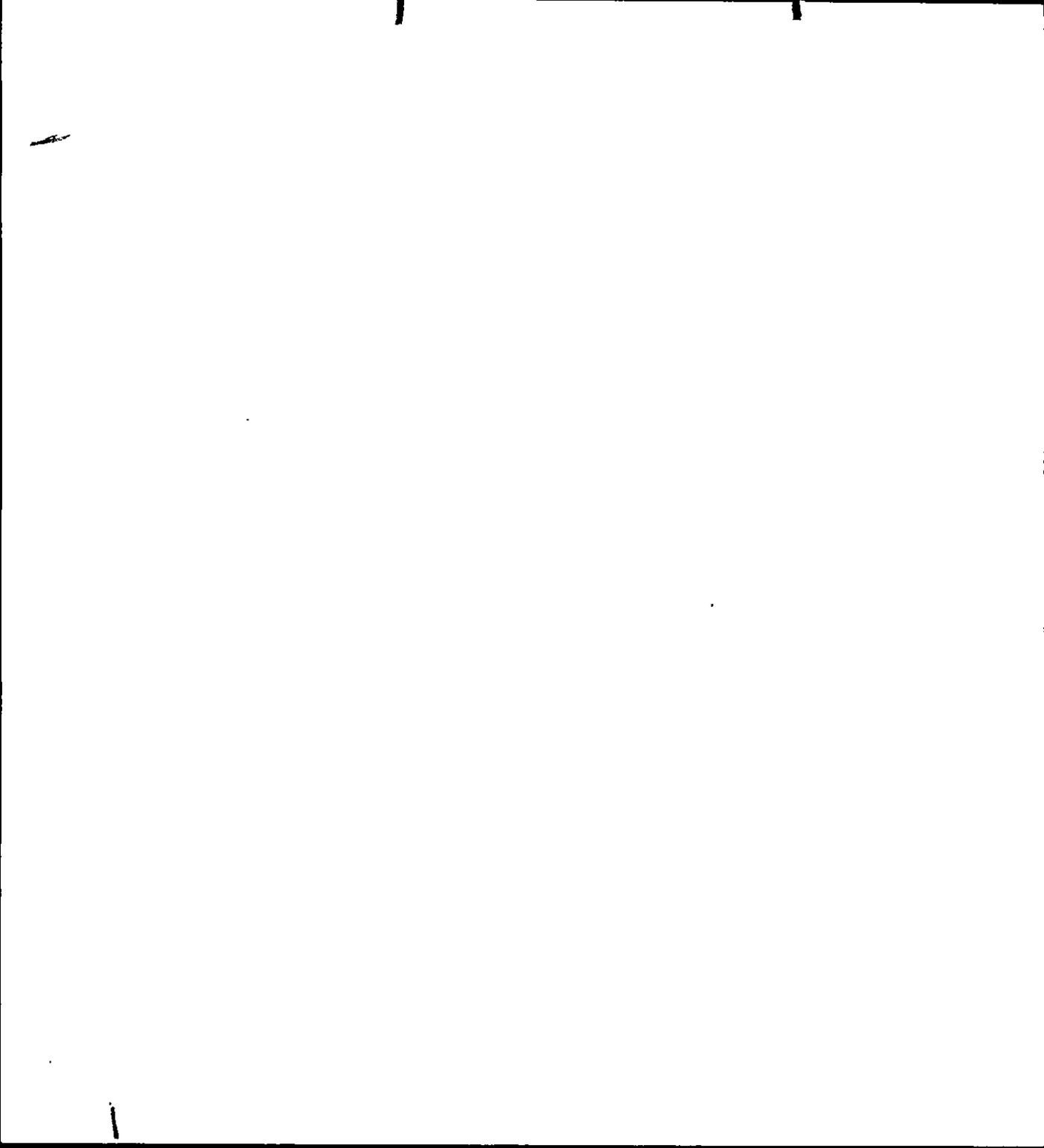
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
 (Signed) Geo. H. Bragdon, M. D.
11/12, 1928 (Address) Reeds Mo.

*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 Cave Springs Cemetery DATE OF BURIAL Nov 13, 1928

20. UNDERTAKER Kneel Mortuary, Carthage, Mo. ADDRESS _____

K. 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.



The family do not
know the date of birth
(month & day) of deceased.

DEC 27 1928

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1925

7.7.25