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

Do not use this space.

1253

1. PLACE OF DEATH

County Henry — Registration District No. 347 — File No. 18

Township — Primary Registration District No. 3018 — Registered No. 18

City Clinton Mo. (No. St. Ward)

2. FULL NAME Barbara Ellen Dunning

(a) Residence. No. Clinton Hospital 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ......min.
	12	2	10.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School-girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Burnice Dunning

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

12. MAIDEN NAME OF MOTHER Irene Van Winkle

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

14. INFORMANT Marshie Dunning
(Address) Deepwater, Mo.

15. FILED Jan 22 1929 Dr. E. C. Peelor REGISTRAR
per J.H.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929, to Jan 22, 1929, that I last saw her alive on Jan 22, 1929, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis followed by peritonitis (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Perforation of appendix (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Appleton City

Did an operation precede death? yes Date of Jan 17/29

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) [illegible], M.D.

, 19 (Address) Clinton 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 Appleton City Mo. — DATE OF BURIAL Jan. 23 1929

20. UNDERTAKER Hurst — ADDRESS Deepwater Mo.

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.

...IS A PERMANENT RECORD

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