

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

Do not use this space.

32720

File No. _____
Registered No. 16
St. _____ Ward _____

1. PLACE OF DEATH: Shelby
County: Shelby Registration District No. 827
Township: Paris Primary Registration District No. 4500
City: Clarence (No. _____) St. _____ Ward _____

2. FULL NAME: Elsworth Dungan
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 5-1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 11 19
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Missouri
10. NAME OF FATHER: Samuel Dungan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know
12. MAIDEN NAME OF MOTHER: Sarah Sargent
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Mrs. Rosa Dungan
(Address) Clarence

15. FILED: 9-27, 1929 Roy Hamilton
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 24, 1929
17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1929, to Sept 29, 1929, that I last saw him alive on Sept 28, 1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis
95L
94B (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY myocarditis chronic
(SECONDARY) (duration) 5 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? at place of death
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) J. H. Harker, M. D.
Sept 28, 1929 (Address) Clarence ind

*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: Clarence, Missouri DATE OF BURIAL: Sept 29, 1929

20. UNDERTAKER: E. C. Hopper ADDRESS: Clarence

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.

ST 94 1929

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