

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

Do not use this space.

32987
93

1. PLACE OF DEATH
 County Linn Registration District No. 29
 Township Sturgeon Primary Registration District No. 4047
 City Sturgeon (No.) St. Ward)
 2. FULL NAME Robert Lee Dunbar
 (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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 - 1867

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
62 5 7

8. OCCUPATION OF DECEASED Farmer
 (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) (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Thomas Dunbar

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

12. MAIDEN NAME OF MOTHER Elyza Edwards

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

14. INFORMANT Mrs. R. L. Dunbar (Address) Sturgeon Mo.

15. FILED 10/16/1929 E. N. Gentry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 14 1929
 17. July HEREBY CERTIFY, That I attended deceased from 1928, to Oct 10 - 1929, (that I last saw him alive on Oct 10 - 1929, and that death occurred, on the date stated above, at 10-30 - a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Leakage of the Heart

92A
107A (duration) 1 yrs. 4 mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Stethoscope
 (Signed) E. N. Gentry, M. D.
 , 19 (Address) Sturgeon Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Cem. DATE OF BURIAL Oct 17 - 1929

20. UNDERTAKER Barnes F. & Co. ADDRESS Sturgeon Mo.

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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