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

Do not use this space.

41554

JAN 21 1930

1. PLACE OF DEATH
County Nodaway Registration District No. C19
Township Atchison Primary Registration District No. 5871
File No. 7
Registered No.
City (No. St. Ward)

2. FULL NAME Isaac Henry Dunham

(a) Residence. No. St., Ward.
(Usual place of abode) Same
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 29 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~~: Emma M Dunham

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 27 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	9	13	

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

9. BIRTHPLACE (CITY OR TOWN): Bloomfield
(STATE OR COUNTRY): Ind

PARENTS
10. NAME OF FATHER: John Dunham
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Vermont
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Not Known

14. INFORMANT: Emma M Dunham
(Address): Bloomfield Ind

15. FILED: Dec 11 1929
Jan 10-1930 C. P. Fryatt REGISTRAR
M.E.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1929, to Dec. 10, 1929, that I last saw h.a.m. alive on Dec 10, 1929, and that death occurred, on the date stated above, at 2-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hepatic Cirhosis

1244 B

(duration) none yrs. mos. ds.

CONTRIBUTORY (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?

(Signed) R. A. Hawthorne, M. D
Dec 10, 1929 (Address) Braddyville Iowa.

*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: Bunch Cem. Page Co — DATE OF BURIAL: 12/12 1929

20. UNDERTAKER: Walter Walker — ADDRESS: Braddyville Ia

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.