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

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.

Do not use this space.

43295

1. PLACE OF DEATH
County: Worth — Registration District No. 903
Township: Fletchall — Primary Registration District No. 4540
City: Grant City (No. ... St. ... Ward)
File No. ... Registered No. 24

2. FULL NAME: Phyllis Jean Dunfee
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 22, 1929
7. AGE: Years ... Months ... Days 8 — If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Grant City
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Arch C. Dunfee
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Denver
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Bernice M. Gough
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Grant City
(STATE OR COUNTRY): Mo
14. INFORMANT: Arch C. Dunfee
(Address): Grant City Mo.
15. FILED 1/10, 1929 John Aiken, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 30 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1929, to Dec 30, 1929, that I last saw her alive on Dec 30, 1929, and that death occurred, on the date stated above, at 6:30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Kidneys failed to function
0157
(duration) ... yrs. ... mos. 5 ds.
CONTRIBUTORY (SECONDARY): Malformation
(duration) ... yrs. ... mos. 5 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
015902
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) D. J. Rash, M. D
, 19 (Address) Grant City 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: Grant City Cem.
DATE OF BURIAL: Dec 31 1929
20. UNDERTAKER: Arch C. Dunfee
ADDRESS: Grant City Mo.