

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

Do not use this space.

1569

**1. PLACE OF DEATH**  
 County Jasper Registration District No. 20-2 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Jasper (No. 4 miles W 20<sup>th</sup> St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Andrew Dunaway  
 (a) Residence. No. 576 Penn ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** M  
**4. COLOR OR RACE** W  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) married

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

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) July 12 1893

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
36 last 6 2

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work miner 20<sup>th</sup>  
 (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) Carthage mo

**10. NAME OF FATHER** John Dunaway

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

**12. MARRIED NAME OF MOTHER** Orinda Smith

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

**14. INFORMANT** Grace Dunaway  
 (Address) Jasper Mo

**15. FILED** 12 19 30 Abenson Clark  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Jan 14 30

**17. I HEREBY CERTIFY**, that I attended deceased from Jan 15 1930 to Jan 15 1930, 1930 that I first saw him alive on Jan 15 1930, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental Death - Result of collision between automobile and trolley. Accident occurred in the country.  
 (duration) ..... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)** \_\_\_\_\_  
 (duration) ..... yrs. .... mos. .... ds.

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

**18 DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Henry Dunmore, M. D.  
1/15, 19 30 (Address) Coroner, Jasper 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** Forest Park Cem DATE OF BURIAL 1/16 30  
19

**20. UNDERTAKER** Hurley Seed Co ADDRESS Jasper 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.

