

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

Do not use this space.

20 1930

2283

1. PLACE OF DEATH

County Polk Registration District No. 703
 Township Johnson Primary Registration District No. 5932
 City Hannibal No. 4224 St. _____ Ward _____

File No. 1
 Registered No. 42

2. FULL NAME William Dinning

(a) Residence. No. Deepwater Mo 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 Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
76 | 5 | 20

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) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Deepwater Mo
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Dinning

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

12. MAIDEN NAME OF MOTHER Hannah McFarland

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

14. INFORMANT A J Stuppelbaum
 (Address) Hannibal Mo

15. FILED Jan 27 1930 J. L. Mabey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1930

17. HEREBY CERTIFY, That I attended deceased from Jan 26 1930, to Jan 27 1930, that I last saw h. m. alive on Jan 27 1930, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
By delirium

21. (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 28
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Deepwater Mo
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) A J Stuppelbaum, M. D
 , 19 (Address) Hannibalville 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 Deepwater, Mo DATE OF BURIAL Jan 28 1930

20. UNDERTAKER R. A. Joseph ADDRESS 3149

