

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.

APR 30 1930

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

Do not use this space.

9248

1. PLACE OF DEATH  
County... Johnson Registration District No. 431  
Township... Centerview Primary Registration District No. 3589  
City... Centerview (No. .... St. .... Ward)

2. FULL NAME... John Monroe Dunnivant  
(a) Residence. No. Centerview St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. ....  
Registered No. ....

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 Julie Dunnivant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13. 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
75 3 5

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) St Louis,  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm Dunnivant  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
12. MAIDEN NAME OF MOTHER Janet Stowe  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs Julia Dunnivant  
(Address) Centerview, Mo

15. FILED 3/20 1930 Mrs Patterson  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 18. 1930 19  
17. I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1929, to Mar 18, 1930 that I last saw h. live on Mar 17, 1930, and that death occurred, on the date stated above, at 11-30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
arterial sclerosis  
97 several years  
(duration) .... 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? DATE OF ...  
WAS THERE AN AUTOPSY? W

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) John T Anderson, M. D.  
, 15 (Address) Warrensburg W

\*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 Centerview Cem DATE OF BURIAL Mar. 20/30

20. UNDERTAKER S. R. Sweeney, Warrensburg, ADDRESS

