NOV 21 1930

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

Do not use this space.

32447

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. St. Ward)

Registration District No. 213
Primary Registration District No. 3814

File No.
Registered No. 229

2. FULL NAME Chas. Dunbar

(a) Residence. No. Mo. St. Penn 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~~ Dorothy Dunbar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 16 - 1902

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
28.	9	16	

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

9. BIRTHPLACE (CITY OR TOWN) Burlington
(STATE OR COUNTRY) Okla

PARENTS
10. NAME OF FATHER W. L. Dunbar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Martha Kurz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Morton
(STATE OR COUNTRY) Ills.

14. INFORMANT Mrs. H. C. Dunbar
(Address) Burlington, Okla

15. FILED 11/5 1930 S. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 12 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1930 to Oct. 12th, 1930 that I last saw him alive on October 12th 1930 and that death occurred, on the date stated above, at 10:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Internal Hemorrhage

174

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Stab Wound - Homicidal

(duration) yrs. mos. ds.

198

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) W. W. Rambo M. D.
10/27 1930 (Address) Prison Physician

*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. Homicidal

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kansas City Mo
DATE OF BURIAL 10-14-1930

20. UNDERTAKER C. P. Heinrichs
ADDRESS J. C. Mo

Over

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.

This death certificate was made out according to the instructions of Dr. Mansur, the Coroner, and signed at his request.

W. M. Rambo M.D.

Prison Physician