

DEC 22 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36467

1. PLACE OF DEATH

County JacksonRegistration District No. 400Township PrariePrimary Registration District No. 4235City Lee's Summit

(No. _____ St. _____ Ward)

File No. _____

Registered No. 14P

St. _____ Ward)

2. FULL NAME

(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 1 yrs. 2 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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Jessie M. Dunham

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

June 26-1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

7245

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Near Fulton

(STATE OR COUNTRY)

Calloway County, Missouri

10. NAME OF FATHER

Admiral Racine Dunham

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

North Carolina

12. MAIDEN NAME OF MOTHER

Julia M. Beaven

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Near Fulton

(STATE OR COUNTRY)

Calloway County, Missouri

14.

INFORMANT

(Address)

Mrs. Jessie M. DunhamLee's Summit, Mo.

15.

FILED

Nov. 1930

H. S. James

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 1 1930

17.

HEREBY CERTIFY, That I attended deceased from

Oct. 5 1930 to Oct. 31 1930that I last saw him alive on Oct. 31 1930, and that death occurred, on the date stated above, at 3:00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis23A

CONTRIBUTORY (SECONDARY)

Senility(duration) several yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Don't KnowDID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Physical

(Signed)

A. B. Swaney

M. D.

Nov. 1930 (Address) Lee's Summit, 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

DATE OF BURIAL

Garden City, MoNov. 3 1930

20. UNDERTAKER

ADDRESS

Hield-James Co.Lee's Summit, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A STATE

