

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

38971

## 1. PLACE OF DEATH

County Deer  
Township Wattens  
City Wattens (No. ....)

Registration District No. 536  
Primary Registration District No. 5-378

File No. ....  
Registered No. 139  
St. .... Ward)

## 2. FULL NAME

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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 OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missouri B. Dunham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 1961

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 - 6 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) Burlington  
(STATE OR COUNTRY) MS

10. NAME OF FATHER Richard H. Dunham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Burlington  
(STATE OR COUNTRY) MS

12. MAIDEN NAME OF MOTHER Catherine J. Morris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Burlington  
(STATE OR COUNTRY) MS

14. INFORMANT Mrs F J Dunham  
(Address) Smith 229

15. FILED 12/17 30 H. E. Ruddle  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 23 1930 to Dec 6 1930, that I last saw him alive on Dec 6 1930, and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Bronchitis  
about 25 yrs. (duration) mos. ds.  
CONTRIBUTORY (SECONDARY) Chronic Valvular Heart Disease  
about 10 yrs. (duration) mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? No DATE OF  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Physical  
(Signed) J. L. Mitchell M. D.  
12/7 1930 (Address) Burlington MS

\*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 Burlington Cemetery DATE OF BURIAL 12/8 1930

20. UNDERTAKER H. E. Ruddle ADDRESS Burlington MS

