

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.

MAY 2 1 1937

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

Do not use this space.

13242

85

1. PLACE OF DEATH

County Buchanan

Registration District No.

Township

Primary Registration District No.

City

St. Joseph Mo. No. 903 Pacific Street

File No.

Registered No.

408

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Female

4. COLOR OR RACE

White

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

Infant

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

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

February 28, 1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs. or min.

0

1

15

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Joseph, Missouri

13. NAME

Harry Dunham

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Joseph, Missouri

15. MAIDEN NAME

Verla Gray

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Joseph, Missouri

17. INFORMANT
(ADDRESS)

Harry Dunham
St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park

DATE April 14, 1931

19. UNDERTAKER
(ADDRESS)

Fleeman Funeral Home
St. Joseph, Mo.

20. FILED

APR 14 1931

John R. Bender
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1931

22. I HEREBY CERTIFY, That I attended deceased on
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:
Influenza

11B 11B 11B
Date of onset 4/1-3/

Other contributory causes of importance:

Indigestion

Name of operation none Date of

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. W. Tallock, Coroner

(Address) 821 Francis

