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

Do not use this space.

27247

1. PLACE OF DEATH
County: Scott — Registration District No.: 820 — File No.:
Township: Sylvania — Primary Registration District No.: 6069 — Registered No.:
City: — (No. ... St. ... Ward)

2. FULL NAME: William Dunn
(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

SEP 28 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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~~ Josie Dunn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2/6/84

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
47	5	14	

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) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Jno Dunn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Lucinda Melton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT (Address): J F Melton, Oran Mo

15. FILED 7/10, 1931 — G Slickman, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7/22 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to 7/22, 1931 that I last saw him alive on 7/21, 1931, and that death occurred, on the date stated above, at 4 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Diarrhoea
120 B
7/10/20
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Anemia
(duration) 1 yrs. — 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? —
(Signed) J A Cline, M. D
19 (Address) Oran 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: Hunter Cemetary.
DATE OF BURIAL: 7/24 1931

20. UNDERTAKER: T.S. Heisserer and Co.
ADDRESS: Oran Mo.