

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

Do not use this space.

64

1. PLACE OF DEATH

5 County Bayer Registration District No. 29
 Township Flat Creek Primary Registration District No. 5038
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 3

2. FULL NAME

Mary Adeline Dunn
 (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 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Henry D. Dunn
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12, 1847
 7. AGE YEARS 84 MONTHS 6 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1932, to Jan 10, 1932
 I last saw her alive on Jan 12, 1932 Death is said to have occurred on the date stated above, at 1 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic endocarditis Date of onset _____
92A 920
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2
 13. NAME Owen Forester
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 3!
 17. INFORMANT Mrs Charles Hefley (ADDRESS) Cassville, Mo
 18. BURIAL, CREMATION OR REMOVAL PLACE Courthouse DATE Jan 14, 1932
 19. UNDERTAKER Home - Culture (ADDRESS) Cassville, Mo
 20. FILED Mar 1, 1932 Mrs H. R. Williams Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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) Wm H. Fisher, M. D.
 (Address) Cassville, 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 PERMANENT RECORD

MAR 21 1932

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