

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.

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

Do not use this space.

1. PLACE OF DEATH

61 County macon
Township Callao
City macon (No. 1)

Registration District No. 233
Primary Registration District No. 3027

File No. 5344
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Callao, Mo. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Josephine Dunham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-5-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 12 — — —

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) Bevier
(STATE OR COUNTRY) Mo

10. NAME OF FATHER James Dunham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Johns
(STATE OR COUNTRY) New Brunswick Can.

12. MAIDEN NAME OF MOTHER Mamie Hughes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bevier
(STATE OR COUNTRY) Mo

14. Informant Mrs. Josephine Dunham
(Address) Callao, Mo.

15. FILED 2/17, 1932 Mrs. Luke Hunkler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/17 1932

17. I HEREBY CERTIFY That I attended deceased from 1-31, 1932, to 2-17, 1932, that I last saw him alive on 2-16, 1932, and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Cardiac
and 7 Stomach
463 (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 463 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF Sept. 1931
WAS THERE AN AUTOPSY? exploratory operation

WHAT TEST CONFIRMED DIAGNOSIS? operation
(Signed) T. P. Knowlton, M.D.
2-17, 1932 (Address) macon, 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

Callao Feb 17 1932
20. UNDERTAKER ADDRESS
E. A. Perry & Son Callao

